



# PANFLU2008 EVALUATION REPORT

PANDEMIC FLU PREPAREDNESS EXERCISES

REPORT DATE: JULY 18, 2008

**Prepared For:**

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INDIANA STATE DEPARTMENT OF HEALTH

BY

PURDUE HOMELAND SECURITY INSTITUTE

AND

REGENSTRIEF CENTER FOR HEALTHCARE ENGINEERING

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## **Introduction**

This report summarizes participant reaction to the PanFlu2008 Tabletop (TTX) and Functional Exercises (FE) conducted across Indiana counties between February and June 2008. The overall goal of the pandemic influenza preparedness exercises was to test the preparedness plan(s) of the local health department and their local stakeholders to combat a pandemic influenza outbreak in their community. The specific goals of the evaluation were to determine the degree to which: 1) exercise learning objectives were met; 2) participants were satisfied with content delivery methods; and 3) issues with county implementation plans were identified. Participants were also asked to provide any additional feedback in the form of open-ended responses that may be used to improve future exercises.

## **Overall Description of the Pandemic Flu Preparedness Program (PanFlu2008)**

The Indiana State Department of Health (ISDH) contracted with the Purdue Homeland Security Institute (PHSI) and their partners to provide a series of pandemic influenza exercises in the spring and early summer of 2008 to help prepare county agencies for the possibility of a pandemic influenza outbreak. In fulfillment of this contract, PHSI developed one tabletop exercise and one functional exercise for the ten homeland security districts in Indiana. These exercises provided the opportunity to test and discuss issues surrounding a pandemic outbreak (tabletop) and to test and activate their existing pandemic preparedness plans (functional).

## **Evaluation Method**

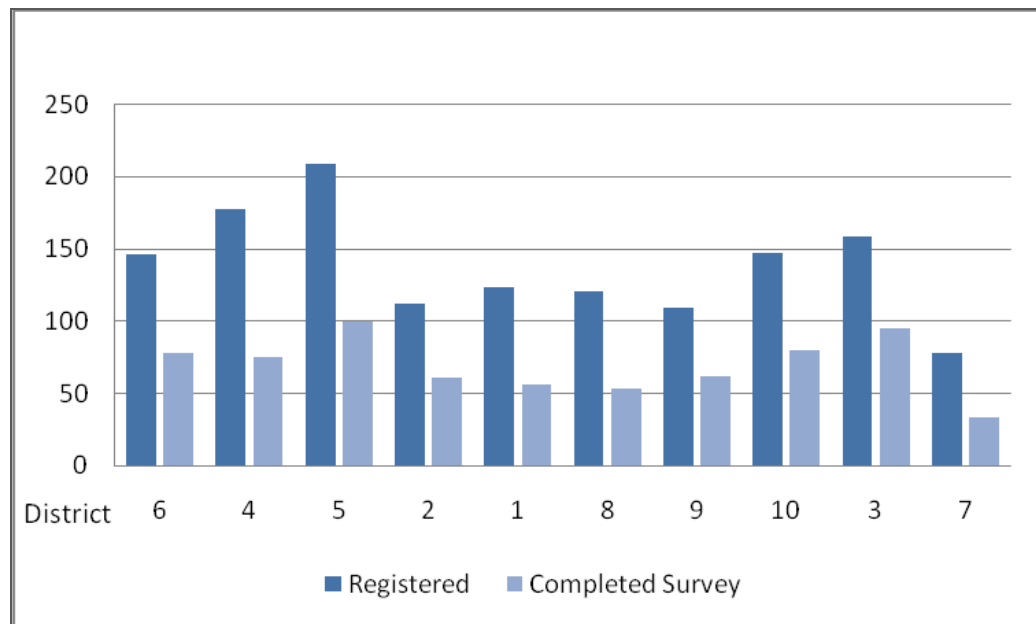
A questionnaire was used to collect data relative to the evaluation goals for both the TTX and FE. The questionnaire was developed by Regenstrief Center for Healthcare Engineering staff in partnership with Purdue Homeland Security Institute. The questionnaire was administered online to exercise participants immediately following the exercise using commercial survey software. Questionnaire data was summarized using descriptive statistics such as frequencies, percentages, and means. Further analysis of open-ended responses was conducted to determine response frequency and patterns of responding.

The following sections summarize the results of the TTX and FE online questionnaire. This summary focuses on overall results across districts. District-specific reports may be found in the appendices.

## Tabletop Exercises (TTX)

The TTX used webcast technology to deliver scenarios to participants, after which a facilitator led each group in discussion about the issues raised regarding response to a pandemic outbreak. Each of the 10 homeland security districts in Indiana participated in the TTX. At the completion of each exercise, participants from the district received an exercise evaluation questionnaire. Response rates for this survey are presented in the table below in the order that the exercises were delivered.

| District | Registered | Completed Survey | Percent |
|----------|------------|------------------|---------|
| 6        | 146        | 78               | 53.4%   |
| 4        | 178        | 75               | 42.1%   |
| 5        | 209        | 100              | 47.8%   |
| 2        | 112        | 61               | 54.5%   |
| 1        | 124        | 56               | 45.2%   |
| 8        | 121        | 53               | 43.8%   |
| 9        | 109        | 62               | 56.9%   |
| 10       | 147        | 80               | 54.4%   |
| 3        | 159        | 95               | 59.7%   |
| 7        | 78         | 33               | 42.3%   |
| Total    | 1383       | 693              | 50.1%   |



## Response Rate Observations

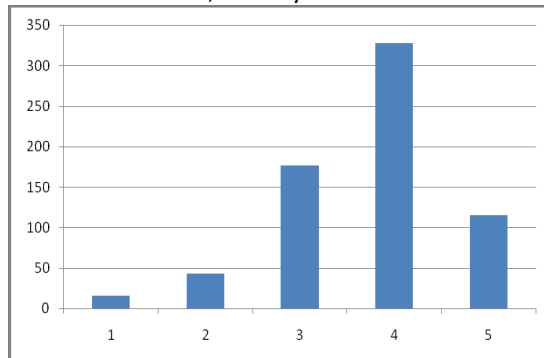
- Of the 1383 participants who registered for the exercise and received an evaluation survey, 693 completed the questionnaire, which is approximately a 50% completion rate. This response rate is significantly higher than the typical survey research response rate of 30%.
- District participation ranged from 78 (District 7) to 199 (District 5).
- The highest numbers of participants by function or agency were Local Health Department (31%), County Hospital (18%), and Emergency Management Agency (7%).

## Tabletop Exercise Module Effectiveness

Three modules were presented to participants in this exercise. Participants were asked to rate: 1) the degree to which each module/objective impacted their plan, and 2) the quality of each of the content presentation methods. Questionnaire item numbers are shown in parentheses for reference.

*Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for SNS pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? (item #5 in the questionnaire)*

Scale: 1= Not at all, 5= Very Much



| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 16        | 2%      |
| 2      | 43        | 6%      |
| 3      | 176       | 26%     |
| 4      | 328       | 48%     |
| 5      | 115       | 17%     |
| Total  | 678       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.71 | 0.81     | 0.90               | 678             |

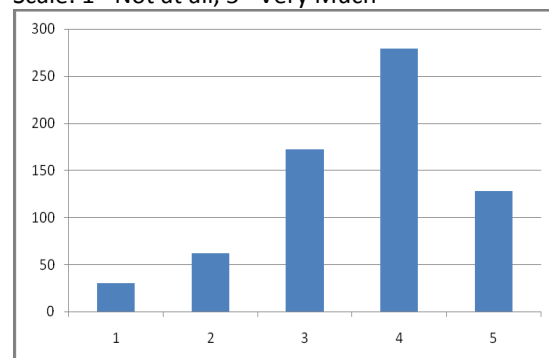
*For Module #1, how would you rate the quality of each of the following items? (item #6)*

Scale: 1=Very Poor, 5=Very Good

| # | Item                             | 1  | 2  | 3   | 4   | 5   | Mean |
|---|----------------------------------|----|----|-----|-----|-----|------|
| 1 | Presentation Content             | 16 | 53 | 167 | 317 | 123 | 3.71 |
| 2 | Task Discussion                  | 19 | 58 | 162 | 285 | 151 | 3.73 |
| 3 | Facilitator-led group discussion | 21 | 57 | 166 | 265 | 169 | 3.74 |
| 4 | Worksheets                       | 36 | 77 | 220 | 251 | 89  | 3.42 |

*Module #2 was designed to help clarify your county's plan for administering limited pre-pandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan? (item #7)*

Scale: 1= Not at all, 5= Very Much



| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 30        | 4%      |
| 2      | 62        | 9%      |
| 3      | 172       | 26%     |
| 4      | 279       | 42%     |
| 5      | 128       | 19%     |
| Total  | 671       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.62 | 1.07     | 1.04               | 671             |

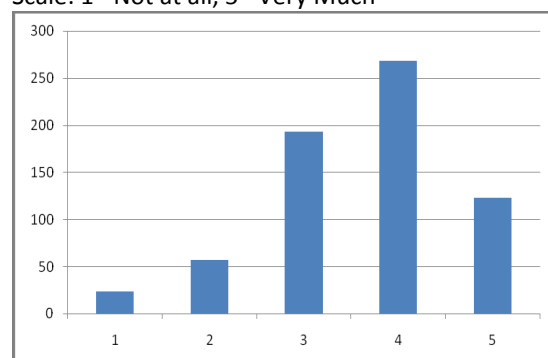
*For Module #2, how would you rate the quality of each of the following items? (item #8)*

Scale: 1=Very Poor, 5=Very Good

| # | Item                             | 1  | 2  | 3   | 4   | 5   | Mean |
|---|----------------------------------|----|----|-----|-----|-----|------|
| 1 | Presentation Content             | 18 | 49 | 172 | 300 | 134 | 3.72 |
| 2 | Task Discussion                  | 19 | 68 | 150 | 275 | 163 | 3.73 |
| 3 | Facilitator-led group discussion | 24 | 60 | 151 | 276 | 161 | 3.73 |
| 4 | Worksheets                       | 37 | 73 | 212 | 246 | 98  | 3.44 |

*Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county? (item #9)*

Scale: 1= Not at all, 5= Very Much



| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 23        | 3%      |
| 2      | 57        | 9%      |
| 3      | 193       | 29%     |
| 4      | 268       | 40%     |
| 5      | 123       | 19%     |
| Total  | 664       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.62 | 0.99     | 0.99               | 664             |

*For Module #3, how would you rate the quality of each of the following items? (item #10)*

Scale: 1=Very Poor, 5=Very Good

| # | Item                             | 1  | 2  | 3   | 4   | 5   | Mean |
|---|----------------------------------|----|----|-----|-----|-----|------|
| 1 | Presentation Content             | 16 | 52 | 198 | 277 | 121 | 3.66 |
| 2 | Task Discussion                  | 18 | 69 | 172 | 258 | 148 | 3.68 |
| 3 | Facilitator-led group discussion | 24 | 52 | 178 | 249 | 160 | 3.71 |
| 4 | Worksheets                       | 37 | 71 | 232 | 227 | 94  | 3.41 |

### ***Tabletop Exercise Effectiveness Observations***

- The percentage of participants who responded that the module content would have a positive impact on their planning was quite high (Module 1=98%; Module 2=96%; Module 3=97%).
- Mean ratings for the quality of exercise delivery methods were generally high across the modules. Worksheets were given the lowest quality rating for all three modules.

### ***Tabletop Exercise Satisfaction***

*How would you rate your satisfaction with each of the following items? (item #11)*

Scale: 1=Not at all Satisfied, 5=Very Satisfied

| # | Item                         | 1  | 2  | 3   | 4   | 5   | Mean |
|---|------------------------------|----|----|-----|-----|-----|------|
| 1 | Webcast Technology           | 32 | 57 | 122 | 259 | 205 | 3.81 |
| 2 | Facilitators                 | 13 | 42 | 130 | 282 | 203 | 3.93 |
| 3 | Program Website              | 19 | 40 | 137 | 304 | 160 | 3.83 |
| 4 | Phone Conference             | 39 | 78 | 175 | 247 | 129 | 3.52 |
| 5 | Preparedness Program Overall | 17 | 64 | 167 | 282 | 142 | 3.70 |

### ***Tabletop Exercise Satisfaction Observations***

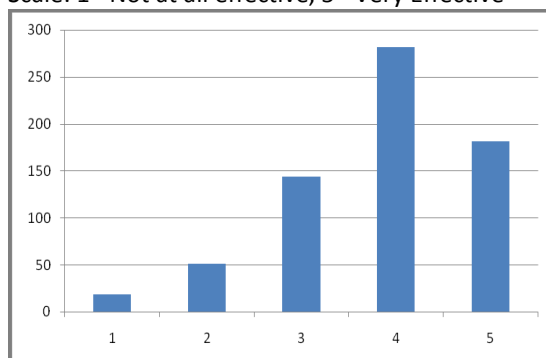
- The TTX program received high marks overall with 424 participants rating satisfaction as high or very high (64%).

- Session facilitators received the highest satisfaction ratings while participants were least satisfied with phone conferencing.

### ***Blended Delivery***

*How would you rate the overall effectiveness of the combined use of webcast technology, phone conferencing, and local group interaction? (item #12)*

Scale: 1= Not at all effective, 5= Very Effective



| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 18        | 3%      |
| 2      | 51        | 8%      |
| 3      | 144       | 21%     |
| 4      | 282       | 42%     |
| 5      | 181       | 27%     |
| Total  | 676       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.82 | 0.99     | 1.00               | 676             |

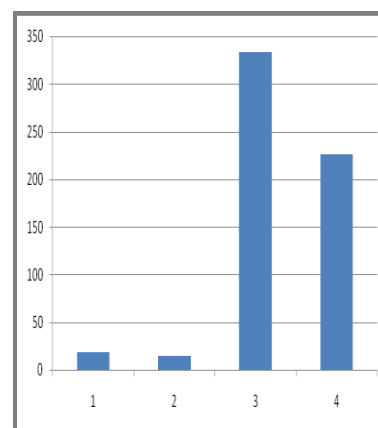
### ***Blended Delivery Observations***

- Most participants (90%) felt the blend of delivery methods was at least moderately effective.

### ***Plan Status and TTX***

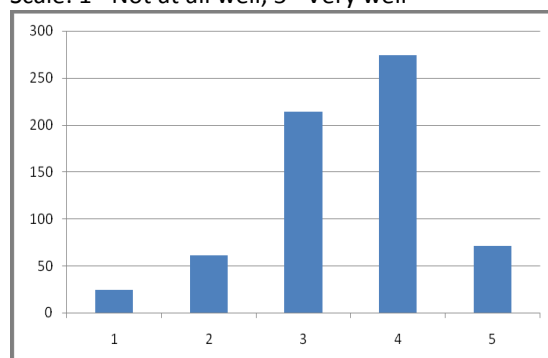
*What is the current status of your pandemic plan? (item #14)*

| # | Answer                                       | Response | Percent |
|---|--|----------|---------|
| 1 | My organization is not required to have one. | 19       | 3%      |
| 2 | We have not yet started our plan.            | 15       | 3%      |
| 3 | The plan is under development                | 333      | 56%     |
| 4 | We have a completed plan.                    | 226      | 38%     |
|   | Total  | 593      | 100%    |



*How well do you think your current plan addresses the issues covered in the TTX? (item #15)*

Scale: 1= Not at all well, 5= Very well

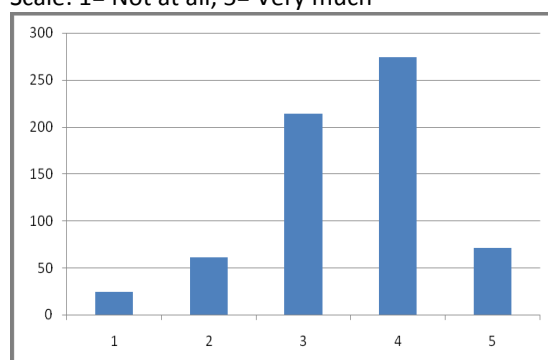


| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 24        | 4%      |
| 2      | 61        | 9%      |
| 3      | 214       | 33%     |
| 4      | 274       | 43%     |
| 5      | 71        | 11%     |
| Total  | 644       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.48 | 0.88     | 0.94               | 644             |

*How would you rate the extent to which this TTX will help improve your existing plan? (item #16)*

Scale: 1= Not at all, 5= Very much



| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 20        | 3%      |
| 2      | 50        | 8%      |
| 3      | 164       | 25%     |
| 4      | 297       | 45%     |
| 5      | 124       | 19%     |
| Total  | 655       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.69 | 0.93     | 0.96               | 655             |

### ***Plan Status and TTX Observations***

- A very high percentage of participants (94%) are actively completing or have completed a preparedness plan.
- Fifty-four percent of respondents rated high or very high the extent to which their current plan addresses issues covered in the TTX.

- Sixty-four percent of respondents rated high or very high the extent to which the TTX will help improve existing plans.

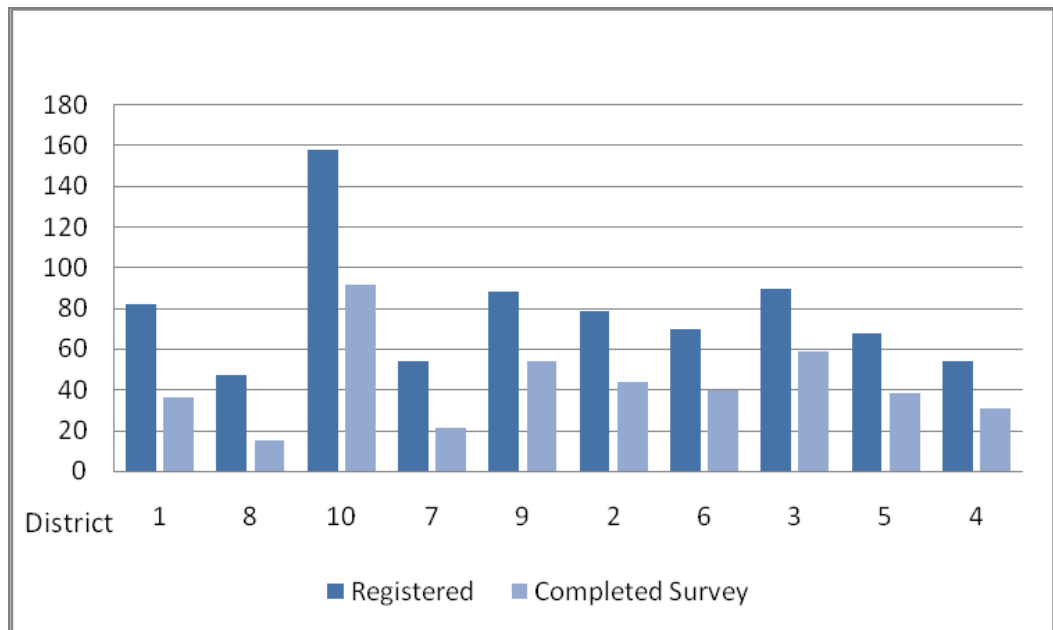
### ***Summary and Recommendations based on TTX Questionnaire Results***

1. The high response rate on the questionnaire (50%) indicates a strong overall interest in the topic while the overall experience of most participants during the TTX also appeared to be positive. Thus, it is recommended that major revisions of the exercises be avoided and that targeted continuous improvement of the current training approach will be the most cost-effective.
2. Many participants expressed concern that important functional areas or county leadership were not present in the exercise. Thus, the level of participation by function or agency may need to be explored.
3. It appeared that most participants felt module objectives were met and that the exercise will improve their plan preparedness. In the future, it is recommended that some measure of participant level of readiness prior to participate in training be assessed.
4. The high overall satisfaction levels with the blend of delivery methods used in the TTX may suggest that a variety of delivery methods is preferred over a single delivery method. Research has shown that the use of multiple delivery methods in educational settings is motivating for those with different styles of learning.

## Functional Exercise (FE)

The Functional Exercise (FE) was an assessment of county/district ability to implement their plans based on a challenging pandemic influenza scenario. The results of the assessment of objectives and technology delivery are included in this section.

| District | Registered | Completed Survey | Percent |
|----------|------------|------------------|---------|
| 1        | 82         | 36               | 43.9%   |
| 8        | 47         | 15               | 31.9%   |
| 10       | 158        | 92               | 58.2%   |
| 7        | 54         | 21               | 38.9%   |
| 9        | 88         | 54               | 61.4%   |
| 2        | 79         | 44               | 55.7%   |
| 6        | 70         | 40               | 57.1%   |
| 3        | 90         | 59               | 65.6%   |
| 5        | 68         | 38               | 55.9%   |
| 4        | 54         | 31               | 57.4%   |
| Total    | 790        | 430              | 54.4%   |



## ***Response Rate Observations***

- Of the 790 participants who registered for the exercise and received an evaluation survey, 430 completed the questionnaire, which is approximately a 54% completion rate. This completion rate is significantly higher than the typical survey research response rate of 30%.
- District participation ranged from 54 (Districts 7 and 4) to 168 (District 10).
- The highest numbers of participants by function or agency were Local Health Department (46%), County Hospital (15%), and Emergency Management Agency (6%).

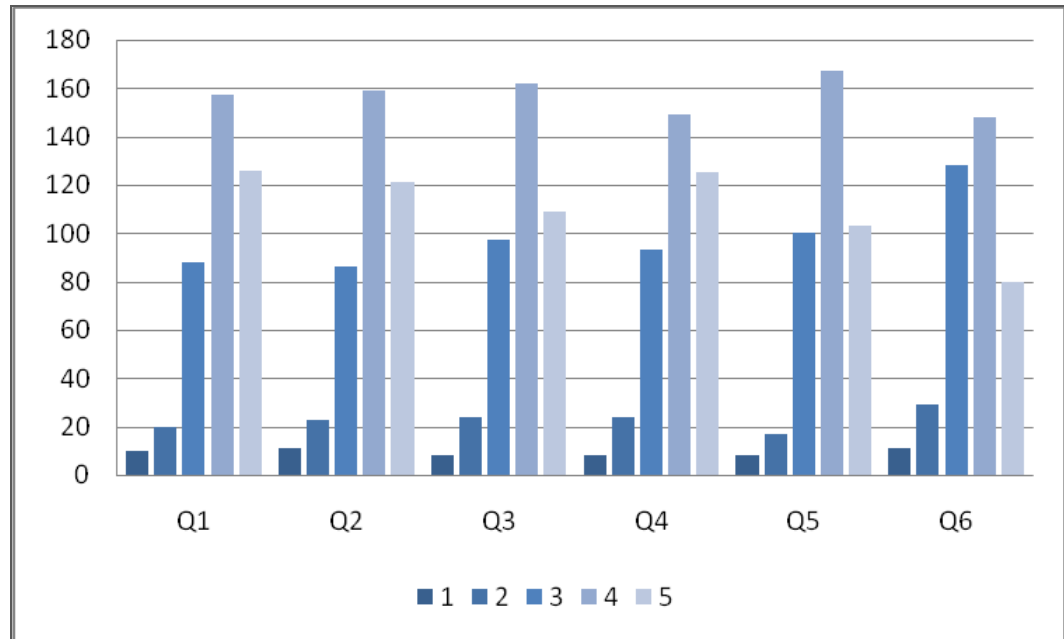
## ***Functional Exercise Objectives***

The FE was designed to accomplish six specific objectives. In the evaluation questionnaire, participants rated the extent to which each of these objectives was addressed in the exercise.

*For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan? (item #5 in the questionnaire)*

Scale: 1=Not at all, 5=Very much

| # | Objective   | 1  | 2  | 3   | 4   | 5   | Mean |
|---|---|----|----|-----|-----|-----|------|
| 1 | Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 10 | 20 | 88  | 157 | 126 | 3.92 |
| 2 | Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 11 | 23 | 86  | 159 | 121 | 3.89 |
| 3 | Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 8  | 24 | 97  | 162 | 109 | 3.85 |
| 4 | Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 8  | 24 | 93  | 149 | 125 | 3.90 |
| 5 | Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 8  | 17 | 100 | 167 | 103 | 3.86 |
| 6 | Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 11 | 29 | 128 | 148 | 80  | 3.65 |



### ***Blended Delivery***

The exercise was delivered with a variety of digital technologies which created another layer of complexity for participants. Participant satisfaction with each of these delivery methods was assessed.

*How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise? (item #7)*

Scale: 1=Not at all Satisfied, 5=Very Satisfied

| # | Delivery Method    | 1  | 2  | 3  | 4   | 5   | N/A | Mean |
|---|--------------------|----|----|----|-----|-----|-----|------|
| 1 | Webcast PowerPoint | 13 | 17 | 63 | 135 | 162 | 17  | 4.15 |
| 2 | Webcast Video      | 31 | 32 | 75 | 123 | 133 | 11  | 3.81 |
| 3 | Phone              | 12 | 16 | 77 | 136 | 150 | 15  | 4.09 |
| 4 | Email              | 3  | 18 | 64 | 123 | 158 | 37  | 4.31 |
| 5 | Fax                | 11 | 18 | 82 | 120 | 136 | 34  | 4.13 |
| 6 | Speakerphone       | 10 | 22 | 77 | 135 | 152 | 12  | 4.06 |

### ***Blended Delivery Observations***

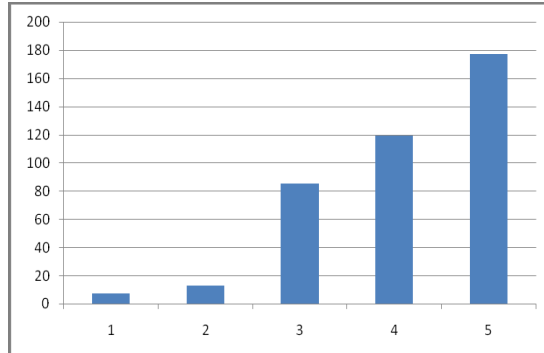
- Mean ratings for the exercise delivery methods ranged from a high of 4.31 (email) to a low of 3.81 (webcast video).

- Sixty-five percent of participants indicated they had no technical problems that impacted their ability to participate in the exercise; 35% indicated problems primarily with video transmission, phone lines, or fax.

### ***Preparedness Plan and FE***

*From a “big picture” perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (item #10)*

Scale: 1= Not at all effective, 5= Very effective

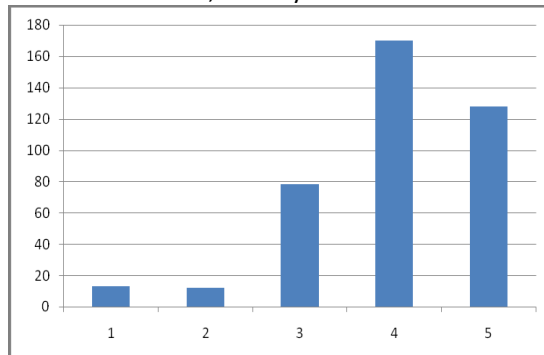


| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 7         | 2%      |
| 2      | 13        | 3%      |
| 3      | 85        | 21%     |
| 4      | 119       | 30%     |
| 5      | 177       | 44%     |
| Total  | 401       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.80 | 0.76     | 0.87               | 401             |

*How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (item #11)*

Scale: 1= Not at all, 5= Very much



| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 13        | 3%      |
| 2      | 12        | 3%      |
| 3      | 78        | 19%     |
| 4      | 170       | 42%     |
| 5      | 128       | 32%     |
| Total  | 401       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.97 | 0.93     | 0.96               | 401             |

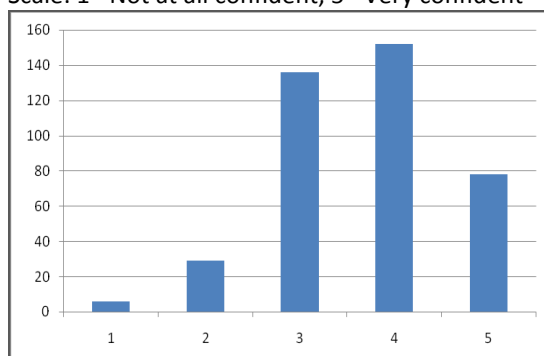
### ***Preparedness Plan and FE Observations***

- Seventy-four percent of participants perceived their county's implementation of their existing pandemic influenza preparedness plan as either "Effective" (30%) or "Very Effective" (44%); 2% rated their plan implementation as "Not at all Effective."
- Seventy-four percent of respondents felt the functional exercise would improve their existing preparedness plans.

### ***Readiness for Pandemic Emergency***

*How confident are you that your county can respond effectively to a real pandemic emergency? (item #12)*

Scale: 1= Not at all confident, 5= Very confident



| Answer | Responses | Percent |
|--------|-----------|---------|
| 1      | 6         | 1%      |
| 2      | 29        | 7%      |
| 3      | 136       | 34%     |
| 4      | 152       | 38%     |
| 5      | 78        | 19%     |
| Total  | 401       | 100%    |

| Mean | Variance | Standard Deviation | Total Responses |
|------|----------|--------------------|-----------------|
| 3.67 | 0.85     | 0.92               | 401             |

### ***Readiness for Pandemic Emergency Observations***

- Ninety-two percent responded that they had a moderate to high level of confidence that their county could respond in the event of a real emergency.

## ***Challenges in Responding***

*What are the biggest challenges that you face in implementing your plan in the event of an influenza epidemic? (item #13)*

Two-hundred-ninety-seven participants responded to this open-ended question. The top five challenges are presented in the table below.

| <b>Top 5 Challenges</b>                           | <b># of Comments</b> |
|---|----------------------|
| Lack of adequate staffing or volunteers           | 116                  |
| Lack of support or participation by key personnel | 72                   |
| Lack of inter-agency cooperation                  | 61                   |
| Lack of understanding of pandemic plan            | 28                   |
| Lack of adequate health-care facilities           | 23                   |

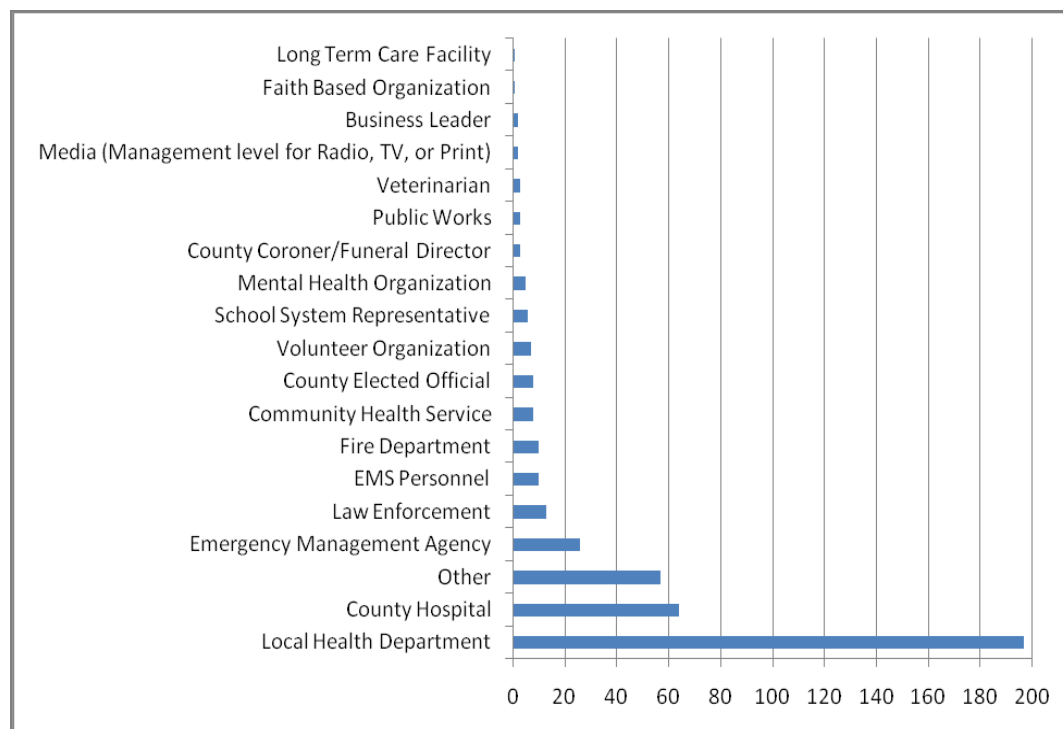
## ***Summary and Recommendations based on FE Questionnaire Results***

1. The overall experience of most participants during the functional exercise appeared to be positive. The high rate of response on the questionnaire (54.4%) also indicates strong overall interest in the topic. It is recommended that major revisions of the exercises be avoided and that targeted continuous improvement of the current approach will be the most cost-effective.
2. The level of participation by function or agency may need to be revisited. Many participants expressed concern that important functional areas or county leadership were not present in the exercise.
3. It appeared that participants felt objectives were met, and that the exercise will improve preparedness. The one exception was the relative ambiguity of responses related to the objective: "Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza." It was not clear from open-ended responses as to potential reasons for this response pattern.
4. The wide range of satisfaction ratings with technological delivery of exercise content and, by extension, the capacity of districts and counties to use technology effectively may merit further attention. Many participants appeared to have challenges with the webcast video which was administered via a relatively standard platform, Adobe Connect. Further, more fundamental challenges with receiving faxes and having operable phone lines is a cause for

concern. The possibility that Indiana counties have a "digital divide" should be further explored to assure that proper technical infrastructure exists in the event of an actual catastrophic event.

5. The high overall satisfaction levels with the blend of delivery methods used in the FE may suggest that a variety of delivery methods is preferred over a single delivery method. Research has shown that the use of multiple delivery methods in educational settings is motivating for those with different styles of learning.
6. While a relatively small number of counties expressed a lack of confidence in their ability to respond to a real emergency, further exploration of the relationship between confidence, exercise participation levels, and technological infrastructure may provide useful information to help those counties improve readiness.

## Appendix A: Participant Agency Affiliation



| Affiliation                                      | Number | Percent |
|--|--------|---------|
| Local Health Department                          | 197    | 46%     |
| County Hospital                                  | 64     | 15%     |
| Other  | 57     | 13%     |
| Emergency Management Agency                      | 26     | 6%      |
| Law Enforcement                                  | 13     | 3%      |
| EMS Personnel                                    | 10     | 2%      |
| Fire Department                                  | 10     | 2%      |
| Community Health Service                         | 8      | 2%      |
| County Elected Official                          | 8      | 2%      |
| Volunteer Organization                           | 7      | 2%      |
| School System Representative                     | 6      | 1%      |
| Mental Health Organization                       | 5      | 1%      |
| County Coroner/Funeral Director                  | 3      | 1%      |
| Public Works                                     | 3      | 1%      |
| Veterinarian                                     | 3      | 1%      |
| Media (Management level for Radio, TV, or Print) | 2      | <1%     |
| Business Leader                                  | 2      | <1%     |
| Faith Based Organization                         | 1      | <1%     |
| Long Term Care Facility                          | 1      | <1%     |
| Total  | 426    | 100%    |

## Appendix B: Open-ended responses explaining why objectives received a low rating

This section provides the verbatim comments provided by participants when asked why they rated any objective item with a 1 or 2. Only 106 out of 790 participants responded to this question, and many included comments that were not related to ranking an item 1 or 2. The most common reason participants provided for ranking an item 1 or 2 was technical difficulties at the host location.

*To help us improve future exercises, please explain why you rated any objective item 1 or 2.*

No 1 or 2 scores but want to mention that mental health continues to appear to be on the fringe of activity in the local exercises but I know that within the state structure we hold a much higher place with much more involvement. I tried to convince the team the MH needs to be included with first responders and I am not really sure that they are convinced.

Consider an Instant Messaging (IM) approach to the Injects. Need more bandwidth for video, we got only 1 second of video/audio out of every 15 seconds. Need to stream audio on webcast also.

At this point, Counties in Indiana need to realize they are either in pace with preparedness, or somewhere less prepared and formulate their plan to catch up. Designing an exercise that challenges the majority of Indiana's counties is critical. Time to roll up your sleeves and do the hard work while we are not in an emergency state.

Our County PIO was not in attendance. We did the best we could utilizing the Health Department staff and Dr. Page, plus the EMA Director. We do not have a County Hospital so we are working with Monroe & Bartholomew Hospitals. I can away with several "to do's" from the exercise.

This is an item of concern due to the fact that at least 1/3 of our staff may be ill or not in to work due to family needs. Meeting community needs for prophylaxis of front line workers and defining "who" this will include. Fire, Ambulance personnel, Police, Utility worker to maintain electric and water availability. If SNS is to be utilized only for the "ILL" patients how are the frontline workers willingness to continue to participate if they don't feel "SAFE" themselves.

I felt the exercise was very unorganized, not our local health department but the exercise. There were way too many modules to complete and it seemed before we could even complete one, another was popping up and I feel we were not fully putting our efforts into this because we were so rushed. I think our local HD did a great job trying to roll with the punches. I also thought there was a lot of repeat modules including the press releases. We as a county felt the situation was not quite bad enough and we got a lot of negative feedback from the state pio that we were not calling everything a pandemic. That word in itself scares people and we strived to not scare, but inform people. I truly hope that someone within your organization looks at this and

evaluates whether it was effective because I feel our county did a great job dealing with the garbage the state HD was trying to make us work through.

There was a big question as to why we were already working to distribute the anti-virus, hence the first question asked, when there were no reported cases in the US. This was brought into play before the first case in the US. Team did not know why we were not more concerned about the prophylaxis at that point. may just want to check sequence of events.

IC Structure was already filled out. DOC was already established. Command Succession names were just chosen randomly, some had no formal command training, or did not meet NIMS requirements. SNS plan was already done, during drill we just referred to following the plan, which several had no idea about.

We do not have a hospital or alternate means of care.

Spencer County does not have a hospital. We have 5 physician offices who have agreed to dispense antivirals.

Spencer Co. doesn't have a hospital to send our residents to. We do have an agreement with our 5 area physicians to dispense any antivirals.

Spencer County does not have a hospital or clinic with bed capacity and must send all patients out of the county for in-patient care. We have five physician's offices in our county and they have all agreed to dispense antiviral meds but only on an out-patient basis.

Apparently, distribution will be based on distributing supplies to/for ill persons. In the sign up form on the Purdue website or in the description of the exercise, this should have been made clear and the draft ISDH Pandemic Countermeasures Distribution Plan should have been REQUIRED reading prior to this exercise. Distribution is inadequately covered. What are the expectations of the ISDH for Local Health Depts to ensure delivery to the proper facilities and further distribution to persons who meet the ISDH pandemic case definition? What are the ramifications to a facility who violates the distribution? This was not made clear. Would countermeasures be refused to facilities in the 2nd or 3rd wave if they did not properly distribute supplies in the first wave? This type of distribution will be added to our plan.

Very pleased with the teamwork that was shown at the exercise.

The local health department is very small and is not large enough to handle an alternate care site. This was not identified as a function for us until very recently. The local hospital staff feel they will have more than enough to handle at their facilities without trying to staff and supply an alternate site. Most of the medical personnel that reside in our county work in an adjacent county will be called upon to staff their facility.

I like this concept of exercise. I think it is more realistic than a table top, without the movement of a full exercise. This concept encourages critical thinking, group collaboration and an increased appreciation of various activities/responsibilities of members of the group. A certain amount of pre-anxiety existed. I don't think this is necessary. This should be minimized to improve attendance and reduce participant anxiety levels.

We have either already established many of these objectives or, as with the final one,

we have little surge capacity and no identifiable alternate means of providing care because we lack a hospital or medical clinic and cannot count on having that need supplied by our surrounding counties during the anticipated acute pandemic crisis. If our primary care physicians fall ill, which they may since they are relatively young men and will have a high rate of exposure to the virus, we have few replacements. In some states, I would be allowed to prescribe psychotropic Rx's (PhD Psychologist with a MS in psychopharmacology), we have RNs (in addition to a few APNs) and RPharms who definitely know their general medicine and may constitute the only real potential resource we have.

The Incident Command didn't seem to be structured properly.

I attended the April 3 exercise, I was not able to attend any other since then.

the format of the exercise fell apart once all the e-mails and other communication avenues were put into use. The requested information was a part of the pandemic plan which was a good thing; however the manner in which the exercise was programed was of little value to those of us who did not write the plan. Our LPHC simply filled in the blanks with information from the plan. There was very little discussion over how we would handle various situations. It was unfortunate that the only representatives (3 total) for the exercise were from the health department.

We need to establish training for staff and public in different aspects of a Pan Flu. What they can do to help themselves and where to go for triage. The triage areas need to be publicized and insure those areas know what is required/expected of them when a infectious large scale disease hits. Public needs to know where they can go to receive treatment.

The only ones in attendance was the 3 employees from the health dept. and we have heard this all before..We have a mass plan that was done a couple years ago.

I did not attend the exercise, I remained in my office to handle phone calls and people who came into the office to help them.

I thought that the entire exercise was very confusing, there did not seem to be any continuity with previous exercises nor was it very fluid. I understand that you are trying to use several different mediums to accomplish this exercise, and that it is difficult to do. However i believe that our time is very valuable and to have a four hour drill is very tough, but when you have several missteps and just all around confusion it will make it difficult to get some of those people back.

#1 I am already familiar with incident command structure and how it functions. Still the practice helps.

This county does not have a facility for care of ill with influenza. This county does not have sufficient medical staff to provide services.

Webcast was very poor quality when it came across, because we didn't receive all of the program or wasn't being informed by the faxes fast enough.

Local DOCs and EOCs already established and did not effect EMS Without a hospital in this county, med surge just means we have to take care of our own, or do as previously established with the surrounding hospitals - ALREADY DETERMINED - DID NOT CHANGE

#### THE PLAN - NO NEW ISSUES.

exercise was too long.

We do not have county involvement. We are the only organization taking this type of exercise and potential risk seriously. It would benefit our county (Sullivan) if this was communicated to local government by our state government. We do have good relations with Vigo county and may have to turn to them in a time of crisis should a pandemic occur.

Communication had breaks. Tasks were assigned but adequate information was not received to determine a course of action.

Very good exercise. However, the injects were sent too quickly to allow us to fully develop strategies to use in future situations.

Sometimes the questions were not clear on what we were to send back. It was good to make us think about "What if?"

I thought all went well, considering the crisis of flooding we're all dealing with...Time out of my day was a challenge; but all went well..The facilitators injected realism, that made you think/react to changing situations..It was conducted by all, very well.

As an observer, there seems to be a great need for each group (medical, emt, health department) to have a better understanding of each others roles and a clearer demarcation of each others responsibilities. George

at first the local health dept. tried to do the task by asking the whole group questions as to what the group would say if this problem were there and it worked for a while but the health dept. soon became overworked with trying to keep up with writing the answers and paper work, a suggestion was made to have each dept., fire, ems, police, hosp, health, ema, to break off and take questions that involved them and write an answer and not everybody being involved in each question worked great and we were able to keep up with questions that were injected having eoc open 24-7 is needed so staff will know where there to go as each shift changes and where to send there questions and get an answer, and resources would be available and any communications needed

For a functional exercise, include more play that requires communications between departments and locations instead of just "trouble shooting" at the location amongst the participants. I did find that the worksheets for the locations to work through problems were a good idea and did help the participants to walk through problems and to address key issues related with each inject.

The intensity of the program was important, however for an exercise the pace was overwhelming and as far as writing press releases, was unrealistic. The other problems we endured were our own fault, regarding lack of participation.

Our spot did not get the web cast to come up on the computers, only speaker phone.

I thought the exercise was helpful. From a hospital standpoint we have worked well with the Health Department and I believe the exercise brought to light issues that we really had not discussed. We had a smaller group than usual with the hospital, red cross representative, health department and Simeon present. I believe that stressed us a little

more (ha) and realistically we could have that happen. The hospital/county still struggles with alternate care site in that being a small facility and limited professional staff, I'm not sure just how we would accomplish that.

This exercise did not follow the order of local and state plans, therefore it was horribly confusing. I am still learning what the appropriate processes are and we were supposed to make plans for chemoprophylaxis before there was a case in our county...it did not make sense.

There is an Incident Command structure in place in our County, and it was practiced, not discussed, at this drill. The lady next to me was the Finance Section Chief according to the flow chart; she never had anything to do for the entire drill. A few people came and went as observers and did not interact (and upon reviewing the flow chart, I see one was the EOC liaison, one was a lab person). There were several people that came and went and I have no idea who they were as this format did not allow introductions. As for the second question, I believe we had a DOC/EOC structure in place already, and this drill did not "establish" it.

The place our training took place could not get the Webcast to come on screen, we only had speaker phone. We did have some informative discussion during it all, but with no Webcast on screen, to me, it was too confusing.

The Incident Command structure was already completed prior to this exercise.

Marshall County does not have established PIOs. Volunteers and specific people have been asked with no response. Someone from the school stepped up and it was a collective effort to write the news release.

Hospitals, Health department and Red Cross did the exercises separately. No information was shared, it was faxed off.

We were not organized from the start. Sherrie did not get the website up until you were into the 6th exercise. We did not have any of the exercises until well into the session. We did not have the essential personnel there to help identify and establish many of the aspects of the exercise (not your fault). To make it more effective we need leadership to demand better participation by the agencies. We need to do a better job of organizing and promoting to key people. The exercise itself was great! It really made me think about issues that will come up. I especially liked the pace. It felt like real time events. It forced us to work fast to get the job done.

I did not get to listen in on the actual discussions I was the message coordinator I was running between offices getting emails and faxing. So I cannot rate the questions

I simply feel that better instruction and guidance needs to be given to the local facilitator of the drill. We had technology problems and were missing the initial worksheets. Overall, I felt the drill was unsuccessful.

We had some technical issues at the start of the exercise so we missed the first several video announcements, we also did not have the inject worksheets in a timely manner to see what it was that you wanted the county to address. As a county we talked about things we should be doing while we tried to fix these problems but did not address everything that was asked.

The attendance for the meeting was low and the community leaders who would be in

those roles in a real disaster were unable or did not attend. Those who did attend filled the roles needed but those individuals will not be making any of the decisions.

I think our EMA director had done a good job in leading the group and had explained things well. The lack of participation from other agencies was disappointing. Again our EMA director was very knowledgeable on with the EOC and DOC but it takes a team. We at a county level need the buy in from other agencies.

Command structure has been in place. For this exercise, however and due to recent, i.e. this week, reorganizing meetings there were only four in attendance at this exercise for our hospital.

The PIO was very weak and hard to decipher really who would be doing press releases. I feel this is an area that is very, very important and needs to be addressed head on. At times, I feel wrong information would have been given to the press or inadequate information

Because of computer link up problems we were unable to really get into this exercise for about an hour after the exercise started. By that time we were abt. 15 FEI's behind! The group pulled together and broke up into groups to complete the FEI's. That being the case not everyone knows what was the other groups put onto their worksheets and because it was so hectic to get the worksheets done I don't feel we could be as detailed as what might have been expected of us. Fortunately we did complete the task on time! I believe that people left being somewhat confused. Will they return for ANOTHER exercise after giving up four hours of their worktime for this? The FEI's came away too quickly and way too many of them. I feel it needs to be broken down into smaller chunks so those in attendance can understand everyone's role in this planning. As an employee of the LHD I felt it made us look disorganized and incompetent. Having said that though, I feel that we gained more confidence in our abilities to handle a pandemic in a smooth and confident manner. We do need to continue these exercises not only for current employees but for those who might have to replace us in the future.

Most of the above has already been discussed and developed as part of our local SNS, EOC and pandemic influenza planning. I don't think the exercise helped us much in planning. However it was an excellent visual exercise for those persons who had been identified in command/leadership positions. It was the first time that they had come together and by being separated into groups (IC, Ops, Logs, Plan, Fin) they were able to visually comprehend the IC organization.

The primary issue with the whole FE for Marshall County from my standpoint (as noted above), is that there was absolutely no representation from any of the county emergency response services and no observation of the event by any elected officials- All of whom will undoubtedly look to be 'in charge' at the moment of crisis. I am not completely sure of the registration of our participants, but of the few who were there, I know for sure that the Health Dept, EMA, hospital, and two schools were represented. There were a couple of other support staff, but I recognized them as county employees from various admin depts. How are we to identify succession of command, information dissemination, SNS distribution, and surge capacity, among myriad other logistical issues and concerns, if the primary stakeholders will not even come to the table? Never mind that we should have had at least one representative from every school, nursing home, and funeral parlor in the county as well, all who will undoubtedly be requesting

emergency services in the event of a pandemic, and who all may very likely be pressed into service in one manner or another during the pandemic response process. This exercise was an excellent early eye-opener for all of us involved that we may very well be fighting our own battles while the influx of sick (and grieving) look to county and state officials for assistance, and that our Prevention, Planning, and Preparing had better serve us well to weather the initial storm.

I thought the exercise was beneficial and provided new/unthought issues of concern for our county's response to such a situation.

I cannot give an evaluation, as I had a situation come up that I had to attend to and I did not make the exercise on the 10th. Sorry, EARL

Only 1 person attended from our health center

My part of the exercise was to sit in the office and receive faxes and e-mails so I wasn't actually at the site participating.

The hospital did not get any information regarding the scenario until after the event. We were only told that the pandemic was present in our community.

I did not participate in the above activities.

All communication was sent to webcast center and not openly discussed. This took entirely too much time and was not well organized. I do not think anything was accomplished.

Could not identify back up personnel for DOC, didn't last that long. Could not identify any part of EOC, no participation. Unable to check ability to handle SNS because we did not move equipment or personnel. Unable to determine surge capacity, those persons unavailable.

Rated first question a 2 because this item has already been identified and was not affected at all by this exercise. The next two rated 3's were also previously identified but will be modified somewhat because of exercise discussions.

Allen county already had ICS and DOC/EOC designations.

From the hospital standpoint, there was a lot of down time while the Health Department participants were busy doing what they needed to do. I would like to see less down time between worksheets- I think an hour is too long.

Thought that due to time constraints, unable to "presentably" write up press release. Much discussion, in fact, on how to NOT scare the heck out of the general public.

Better preparation of the program, such as the videos, keeping up with the presentation of the program, we was behind on the program all the time because of the way it was presented by the presenter. Make the program user friendly.

all of the above issues addressed prior to this FE

The problem I saw was not all "areas" participated in this event.

Since this year is the first year we have participated in this type of exercise drill, this was a valuable tool in assessing our programs that we have developed; showing areas of weakness that need revamped and new areas for development.

I didn't see any evidence of backup personnel identified at the EOC where I was station and the exercise didn't present a scenario that highlighted that flaw.

Some people may not be around next year.

For public information- no one had enough time to assist with and understand what was being put out to the public. Our hospital staff had to either leave early or were not able to attend the meeting at all so determining surge capacity and alternate care was impossible. The exercise just pointed out what we already knew- that the issue of alternate care remains a huge issue to be tackled and one for which there are no easy answers. The exercise did a good job of validating the fact that your initial meeting and briefing of core group members is crucial for a successful operation. Many of the injects were easily tackled and may not be significant issues if members of EOC/DOC are adequately briefed and issue the same messages to the public.

Items noted as 1 or 2: Our portion of the exercise was not impacted or involved.

In reality, many of the individuals represented at the joint information center yesterday will certainly be needed at their specific organizations during a prolonged disaster. The good communication/collaboration for this drill may be impacted greatly when everyone is required to work from other locations. I'm not sure who will be staffing the JIC or EOCs for the long haul.

You guys don't do 1 or 2

I'm not sure but I think we had conflicting information as to whether the antivirals were to be given only to symptomatic patients or preventively. That was not made clear. When CDC guidelines indicates that it was to be given to symptomatic patients why would you include giving it preventively.

This was a great exercise unlike the tabletop exercise.

PIO question NA since I was at the EOC. The PIOs were off site (same building as the DOC), and we did not have any contact with them during the exercise.

The department needs to buy software to convert english to chinese. Department employees need to become more familiar with acronyms that will be used. On a joint news release from multiple entities (hospital, EMA, Commissioners, etc.), why do the signatures need to be enclosed in a box? This is time consuming. Why is it necessary?

Most not applicable to PIO function

We have already defined our command structure and received, stored and secured an SNS shipment during a full scale county exercise in May 07. This exercise did not help us to identify the location of the command center; since it focused on a location that could accommodate all the requirements of the exercise.

The EMA of this county is not a very optimistic person, in fact the way he participated it seemed as if he was only concerned about his welfare and the welfare of the emergency personnel instead of the good for the county and working with other dept. As far as him establishing an EOC, he implied it would be virtual contact via phone email etc rather than actual contact or discussion with people. As far as the county's existing capacity, etc., is unknown because so many participants were not there, like the hospital, law enforcement, EMS etc., so that leaves that up in the air.

THERE WAS REALLY NO ACTION IN THE EOC AND PEOPLE JUST SAT AROUND OF ABOUT 4 HOURS.

Assure local health depts play in exercise.

this exercise was very well done, congratulations deb mcmahan, md

Our county Health Department doesn't seem to be taking the lead like I feel they should.

These items are included in existing plans, so the exercise didn't really expose any issues

We would not likely activate the county EOC until the pandemic outbreak impacted day to day governmental, public safety, and public health functions.

Needs to be longer to allow for at least one exchange of leadership on all levels. Also feedback needs to be provided to ALL participants. I participated in the March Table top exercise and have yet to receive any feedback or plans for improvement.

There was no interaction with the Community Health Centers.

We didn't participate in this drill we answered the emails that was sent to us is all.

Hospitals still won't acknowledge, or don't understand their responsibilities as regards alternate care sites. ISDH has failed to adequately coordinate this issue.

For some reason, we were notified that it started at 1pm instead of noon so we came in 1 hour late. We were not able to display the powerpoint or the inserts on the projector. They were only available to the administrator and couldn't be viewed on the screen so she had to keep reading them out loud. Therefore, there is a very low rating of the webcast powerpoint because we couldn't project it. The webcast video was excellent. The remaining forms of communication were fine. Many of the questions were confusing. In one instance, it discussed who has the authority to "credential" licensed health care practitioners which made it sound like it was referring to hospital based credentialing, but it was during the process of allocating and distributing prophylactic medications. We didn't know what area it should address. Several of the questions didn't seem to apply to us or didn't make sense when we interpreted them based upon the point in the exercise we were at. There are other areas that our County has not reach a consensus on such as location of overflow triage area (except for the hospital itself).

#1 I was not located in the EOC I was stationed in a DOC; therefore, my evaluation may not be a true representation of all county agencies. For example, we did not have anyone in our DOC representing the hospitals. I see now I should have relied more on my WebEOC to evaluate medical surge capacity.

Very irrelevant to the situation.

The plan is well organized. The people, for the most part, know their roles. The exercise seemed real. Someone should have taken the team's blood pressure as I am sure it was high. Cooperation among team players was commendable.

We did not have enough personnel on hand to cover a good incident command center. I was very disappointed that several agencies did not attend. It was almost not worth our time due to the lack of attendance.

We were allowed to participate from our own offices, but the drill was directed at the health departments. So we watched and listened for 4 hours and was only asked 2 questions. One about the number of patients we were seeing and one about the number of doses we would need. We had no information on how to base the number of patients we were seeing at that particular stage (which was early on in the scenario) so we guessed. The only information we received from the health department was during injection 19 stating that public facilities were being closed and public gatherings were not allowed. We had no idea what the health department was going through during the exercise, and i don't think it was their fault. I think if we were allowed to participate from our own facilities, then we should have had some written information about what we were to expect. Maybe we should have received and inject that stated we are \_\_\_% above capacity and had us call the health department for assistance with an alternate care site. I feel that we did not gain very much out of this at all as far as working with the health department, however we gained a better understanding of our own procedures and what we did not address in them. If i had known we were going to sit for 4 hours and not know the whole story of what was going on with this scenario, i would have participated at the health department.

Pat Badt done an excellent in the conditions she had. There were different agencies there. Not a lot but some. The main department, the HEALTH DEPARTMENT, was a no show. It was horrible conditions, could not hear the phones well, they could not mute the phones, and the emails and fax were in a completely different room. Pat was running everywhere. All her key people were a no show. If training is going to be done, it must have representation from the key people (HEALTH DEPARTMENT) We do not have time to take out of our schedule to do this and those who came did. Pat should be commended on doing a great job. If you want people to take this serious get the Health Department involved. Alvin Beckman got called because of weather, but he is EMA and should NOT be the Incident Commander for a health issue. I can not see the County Commisioners allowing this to happen.

I was not in attendance due to being called out for weather monitoring .

No access to LTAC's or ECF's. No accurate way to get real surge numbers. All numbers based on current capacity, hours, staffing paradigms, etc.

Realize the exercise was for the Health Departments, but as a participant (hospital) we were basically excluded from the exercise. Asked only how many doses of anti-viral we would need. No reference to our capability for surge bed capacity or possible set up of off site. For most of the exercise we simply sat by and watched the video and followed our plan noting how we would implement it and who are back up IC staff was etc.

ICS already developed and in place. Already have excellent PIOs and they function on a day to day basis.

We didn't think we needed to open an EOC, but we did communicate and assist each others' agencies.

## **Appendix C: Tabletop Exercise District Summaries**

### ***Overall Results***

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. A numerical average for the rankings of each question is provided. The ranking scale was 1-5 with 5 being the highest or best score.

## TTX Evaluation Data

## District Tabletop Exercise Overall

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.71 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.71 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.73 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.74 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.42 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.62 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.72 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.73 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.73 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.44 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.62 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.66 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.68 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.71 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.41 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 3.81 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 3.93 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.83 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.52 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.70 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.82 |

***District 1***

April 17, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5 with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

**District 1 Tabletop Exercise**

|   | Mean        |
|---|-------------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | <b>3.69</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | <b>3.73</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | <b>3.65</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | <b>3.73</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | <b>3.46</b> |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | <b>3.31</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | <b>3.78</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | <b>3.80</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | <b>3.71</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | <b>3.51</b> |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | <b>3.45</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | <b>3.63</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | <b>3.68</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | <b>3.68</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | <b>3.46</b> |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | <b>3.90</b> |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | <b>3.83</b> |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | <b>3.67</b> |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | <b>3.66</b> |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | <b>3.66</b> |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | <b>3.85</b> |

## Are there any other comments/feedback you would like to provide about the TTX?

I do believe time would have been spent better had we been allowed to have this guidance a few months ago and worked with are partners to form our plans, possibly with some type of guidance or workshop type astmosphere and then held the TTX. It would have been more beneficial for all involved. / / We will be having these meetings now before the FE so the worksheets for pandemic countermeasures and the pre-pandemic vaccine will be a completed part of our plan.

I BELIEVE THE SECTION CONCERNING HOME CARE IN MODULE 3 NEEDS FURTHER ATTENTION. I BELIEVE DISTRICTS WILL FALL SHORT IN PLANNING RESPONSE DELIVERY WITHOUT FURTHER TRAINING, ETC. IT SEEMS UNREALISTIC AND NEEDS DEFINING.

Just want more input from our county.

Module 2 was very interesting I was amazed that the LPHC's were unaware that the limited anti viral medication is going to be delivered only to the County Health department. / This showed a lack of planning and communication between ISDH and the county and city health departments.

Need to look at your plans one SNS shipment to a large county. We cannot be treated as a small community with only one drop. This is a very ill thought out plan and I think that most know this.

Our plan did not address antivirals for those who had confirmed cases (even though that is our current practice). We considered a method to dose our level A tier persons, did not really think we should include the families of the level A at the first jucture and would not include pregnant women and infants. We will rework our plan to cover these scenerios. It did push us to look at an alternative care site with the primary purpose of triage. We really think the use of ventilators...stockpiling ventilators does not make a lot of sense. Whatever you stockpile, with the grace of God, will be outdated by the time we need to use such equipment.

Overall I enjoyed the TTX however it really just focused on Public Health and to a small degree the hospitals. As a support agency it gave me an understanding what those two agencies have to accomplish but it did not explain EMS, Fire and other support agencies' roles. There also needs to be a Hot Wash where all participants could have discussed what was learned. The TTX also showed that ISDH and the health departments are not on the same page. There is no way the health departments should not have known that the one drop of vaccine was only going to go to the County Health Department that should a lack of planning and communications.

Realize how important our county hospital is in all of this.

Representation by the health department was needed for most of the exercise and there was not any to my knowledge.

The exercise format was effective. It would have been helpful for the local health departments to have more input in the development of the exercise. The template for the exercise was used in all 10 districts, which we know are not all the same. / / If the contractor was slated to complete the exercise design, the contractor should have completed the EEG(s) as well. / Much was learned by all

participants and fit in well with community planning.

The length of time for the TTX was a little long.

The states plan may need to reconsider the number of ship to sites for areas with large population. The one ship to site per county may prove fatal with further delays in the cataloging and re-distribution of hundreds of thousands of doses. This also increases the risk of untoward events occurring during transport. I suspect the weather will be still typical of winter during any such outbreak/epidemic.

The TTX did bring up some issues that we had not anticipated when our Pan Flu Planning Committee has met to develop our county's plan. The exercise will help us refine our plan. We have been ahead of the curve with our planning, but still have some issues that need to be addressed. Some of those issues came up during the exercise and some we already were aware of. Some issues can not be planned for.

The way the 3 modules were presented also seems out of order. Wouldn't the PRE pandemic vaccine be given out prior to having actual cases? In the module, it is given out after the antiviral have been released to treat the sick????? / / I think there also needs to be some guidance about who will receive the antivirals, some established criteria, and WHO would establish those criteria. / / Need to address WHO will be sending out information to the general public. Need someone other than coverage by the local media. Need lots of education/ information and how it will be delivered to the general public. / /

There were several unanswered questions as to distribution, amount, storage, guarantee of delivery, etc...But it was also helpful to find how far we have yet to go.

Under circumstances where local agencies within a county have to rely on the participation of the county for integral elements, the State Homeland Security Division should mandate that the county have all necessary personnel, entities and resources in place so that the local agencies in that county can effectively design the emergency pandemic influenza plans and any other plans. How can any plan be effective if the entity to receive the major elements needed has not identified and put in place the essential personnel?

We realized that Home Health Care may be needed in a different capacity than what we anticipated. We work very well together and have coordinated several pan flu events together. Our group has taken the Pan-Flu very seriously, and we all take pride in providing our best to the community/County. We work very well together!!!

**Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

At this time we haven't received any information about the functional exercise besides the date. No time, location or any other information has been given.

Chemical Disaster training. /

We are willing to help in any way but can only do so much when the state controlled the amount of meds being dropped.

Home Care/mass care. More attention to pre-pandemic public preparedness education correlated to "home care".

I think we should work a little more on the SNS pack, opening, what is in it, how to distribute the "stuff", etc. to get inoculation sites established. Not really clear on what is involved with that whole process.

Involvement of more of the disciplines that would have an active role in pandemic response/recovery.

Joint Information System (JIS) due to our location with the Chicago media market our interfaces with the Chicago Department of Public Health will be critical in getting the message out via the electronic (TV & Radio) and print media.

Need to know more about the exercise, so it can be determined what players NEED to participate. Need to know if this will only be a small snapshot piece of the event or a flow type exercise.

Operating a Alternative Care Site.....who is responsible, how will it be supplied with supplies, personnel etc.

Our agency hasn't received any information regarding the functional exercise with the exception on the date.

Radiological Detonation in a major city.

Sharing of what other counties are planning was the most helpful to me. I can take these suggestions back to our own planning and incorporate the suggestions into how we should be thinking.

Taping of conference

The issue of voluntary quarantine came up, and how to communicate with those who are at home caring for their family members. Also, how will these people be provided for, i.e. food, water, medications, etc.

Yes. By the next functional exercise, mandate that counties have in place essential personnel who can provide answers to the local entities concerning accessing needed medication and resolving issues of distribution!!!

***District 2***

April 17, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

**District 2 Tabletop Exercise**

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.46 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.52 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.69 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.44 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 2.92 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.42 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.49 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.57 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.41 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 2.96 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.37 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.45 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.57 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.43 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 2.94 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 3.78 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 3.73 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.78 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.20 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.49 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.76 |

## Are there any other comments/feedback you would like to provide about the TTX?

It would be nice to have guidance from the State regarding what the Health Department HD is actually responsible for in regards to the Alternate Care site. The Hospital seems to be under the impression that the HD is solely responsible for selecting and staffing the site which is impossible given that our HD has a small staff. / / It was good to meet but the date for our County was in the middle of the schools spring break.

Continuity among all agencies is the answer but it needs to start at the top. we will be re-writing constantly because of changes and inconsistencies among our facility, our county and our state.

Due to changes at the state level, we will have to rewrite our plans now.

Excellent program. Again, I would like to encourage more participants from our county.

I appreciated that the format kept us moving. The specific time frames didn't allow much "rambling" off course of the required discussion.

I do think that the facilitator led group discussion complimented the IT method greatly.

I felt our local discussions were the best part of the program. It still was a turf thing. / / Hospital will immunize their people, fill up there 50 to 100 beds and go into lock down. It is then the health department responsibility to take care of everyone else. / / Health department felt the best alternative care was going home. The health department view of an alternative care site will be very limited at worst a floor and a few non-medical volunteers. Medical people will be overwhelmed in their regular duties. In my opinion, non-medical volunteers will avoid it like the plague, it not a tornado to go help and when you finish you can leave it all behind, disease may not stay behind. /

I KNOW THAT IN OUR COUNTY THE ttx OPENED ALOT OF EYES AND STARTED GOOD INTERACTION BETWEEN LOCAL AGENCIES.

Module worksheets did not seem all that helpful without proper instructions on their intended use and outcome. / Using DRAFT guidance as a basis for plan development is a little confusing when such guidance can still change. /

Note above: No one should say they have a "completed plan". This is constantly evolving. We constantly need to update contact numbers, methods of verifying information, and provide for changes in guidelines coming from CDC and State. We also find changes are needed as a result of discussion with partners and in exercises such as this. / 'Completed plans' end up on the bookcase gathering dust, with no appropriate revisions. I would rethink the wording of that question. / / It is also not clear where updated State information is to be found. We have not been satisfied with the SHarepoint system, which does not easily direct us to new content. I for one was blindsided that the tamaflu recommendation had been totally revised. We had lots of questions about the first responders and families and 'promises' made re protection.

The distribution of limited supply of antivirals was not what our plann addressed as it addresses mass prophie. It was good to see we needed to address this area. We had not previously been aware of

the CDC distribution chart for the distribution of antivirals and I disagree with the way they have made distinctions on deciding who gets it when. I also do not feel that the items the facilities were rated on talking about were clearly defined in the outline for the group discussion.

The fact that module 2 contained information not supplied to local health departments by ISDH was simply a "gotch-ya" move on the part of ISDH and they should be ashamed of themselves. While our county had the information and had recently discussed it with our planning partners (March Pan Flu Committee meeting) others had not. If you are going to test on given materials get the materials out there first. Testing for failure does no one any good. Additionally, the vaccine CDC guidance was not even asked to be addressed in the current set of "deliverables". Anti-virals yes, and yes that guidance has been put out by ISDH on share point and is a deliverable requirement, eg deliverable #7, pan flu committee work. It would have made sense to cover that and not the vaccine issue. / Again, on a positive note by using the phone conferencing we were able to pick up some good ideas from other counties on information contained in their plans, e.g. use of the airport as an alternate site to receive the SNS, bank vaults for securing narcotics, etc. There is a lot of re-writting that needs to be done. / I hope you intend on sharing your results with LHD as they had the requirement to participate and the information may prove helpful to understand how others saw the exercise.

The issue of the alternative site is a hot topic. The hospitals in our county still think that the health department and health officer also in private practice, are going to care for all the overflow from the hospital. The hospitals do not understand that the Health Department only has to secure the site. We do not man it. There will be very few volunteers available. There is no money to stockpile supplies needed to care for ill/terminally ill persons. / / Volunteers will be a problem because of childcare and other family responsibilities. A choice between taking care of contagious patients and taking care of your family is an easy one to make. / / The best option may be home care or nursing home space when it becomes available or visiting nurse type home care where the patient can at least have the comfort of their own bed and bathroom, with adequate water/food/blankets.

The plan is in place for our county and the players have been given responsibilities for their parts. Then real life comes into play and we start getting feedback from each other as far as our real world capabilities. The training did give us a good starting point to start these discussions but there is a lot left to be desired. If this were to happen tomorrow, there would be a public outcry such as one heard during and after the Katrina hurricane. / / A lot of the details are being left up to the individual jurisdictions which creates a lot of variation between different counties and different agencies involved in each county. Some of the guidance info provided by the State at one point and time has changed and has created problems with our current plan. At times there is not enough guidance from the State on the quantity of the meds and related supplies that would be rec'd by the county so POD planning is made more difficult by the unknown(s). Every scenario is going to be different but knowing what the constants will be would be nice. The hospital groups have been told some facts about the event planning that the rest of the organizations have not been told. Making sure the various groups are present with the same real life data and SOPs is important.

The plans for the task at hand must be clearer. The person running the local meeting must understand what you expecting the outcome to be. We did not fill out forms and the comments were not from the group but only a limited few.

Group thought mass immunization so was confusing about pre vaccine issue / appreciate school nurse representation on the committee

We would just appreciate as much guidance as we can get from the state.

Yes, before an exercise please have the participants be aware of what tools they will be testing. / And regarding the question about having a completed pan flu plan - most agencies have a plan and it is updated annually . We do not look at plans as being "complete" because they are a living document; always changing and being updated.

### **Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

As a school system representative, I rather selfishly would like to get into the issues of ways to better educate students and parents, and also if/how education can be delivered in the event schools have to close.

Communications, not only on a state level but locally as well. We do not feel adequately prepared to address the communications problems right now.

Guidance on what the Hospital's vs the HD's responsibilities are concerning the Alternative Care sites.

I think local preparedness plans would benefit from additional discussions on alternate care sites and home care, as well as set criteria regarding vaccine/prepandemic vaccine distribution.

I think someone brought up a wonderful comment that all the counties within the district/state need to be sending the same message to all the community members as to not "panic" the community, and how can that be addressed in upcoming conferences/plans etc.

If we are going to have an effective plan we must "work through that plan" no matter how flawed it is, so we will know what works and what doesn't. Just talking about what should be in our plan won't make it possible to make spur of the moment decisions while we are "under fire" and still have to perform our task!!!

It would be a good idea for all of the players to have an idea of the limitations that each other has and the challenges they face in the real world application of these procedures. A group discussion on these topics would be appreciated. Some topics could be staffing challenges, logistic and equipment challenges, transport, volunteer availability & training, educational needs, etc. This discussion is needed but it also needs to remain positive while being discussed - that would be a feat. The hope is that once each agency better understands the issues faced by the other agencies, it will be easier to find ways to compromise and better accommodate the public in an emergency situation.

More ideas on alternative site/care. / Mass vaccination of public adults and children.

No answer for this but people are sick and tired of meetings!!!!!!!!!! We got the hospitals, health department, Red Cross and animal control. No one else showed up. People just have too many

meetings and are sick to death of meetings and too many meetings are of limited value! / / Limit the topic to a few points that can be covered and understood. Allow for local discussion, and then go to general comments. Bring up points and issues and go back to the local discussion to see if they have looked at all points and if any resolution can be achieved. /

Repeat this in a few months to see if we have improved our plan.

Something achievable such as the use of the IHAN system (which we don't fully understand yet) or the formulation and communications from the LHD to ISDH the need for the SNS. Again something we haven't done and don't completely understand...

Test aspects of the plan that are already in place (communication, EOC management, storage & security) and not areas that may still change (vaccine prioritization, alternate care sites).

***District 3***

April 21, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

### District 3 Tabletop Exercise

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.89 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.97 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.95 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 4.01 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.61 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.88 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 4.03 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.99 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.99 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.72 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.81 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.91 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.90 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.95 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.59 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 3.99 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 4.09 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.96 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.73 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.99 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 4.00 |
| How well do you think your current plan addresses the issues covered in the TTX?  | 3.64 |
| How would you rate the extent to which the TTX will help you improve your existing plan?  | 3.83 |

## Are there any other comments/feedback you would like to provide about the TTX?

Very Beneficial.

Felt is way very informative - there is still lot of work to be done in this county since we cannot get county health to buy into program.

I also wanted to comment that due to the complexities associated with matters such as this, it would be important that there are listed back up personnel in the event that a individual with a leading role in each county was stricken with the illness too. But like I stated, this was my first event. I really do not have an idea how long something like this might take to spread worldwide. / / I also feel a need to comment about more emphasis being placed on schools to help prevent the spread of the disease. I have three young children and it would be difficult for them to follow the 3-6 foot personal space rules. The many times that I have contracted the flu over my years mainly happend after my children were sick and brought it home from school. / / Overall I am glad to have attended the event and I am suprisd and gladened that people are working on exercises such as this, the scope was impressive, so we are prepared for something that no one hopes to happen.

I enjoyed the meeting very much and look forward to the next one. I felt that we had a bigger turn out this time for us. It is very hard to convince people of something they don't believe will ever happen to them. The only other thing I can think of is maybe switch the time around a little for others to have an opportunity to attend....

I felt like we need another meeting yet to finalize some issues. But this is a great program so far and I do believe that it is essential that a plan is in place before we have a problem. Thank you for assisting us in helping to develop our plan.

I HAD TO LEAVE FOLLOWING THE FIRST MODULE, THEREFORE I DID NOT PARTICIPATE IN THE ENTIRE EXERCISE. BUT FROM WHAT I DID EXPERIENCE AND FROM DISUCSSING WITH OTHERS~ THIS WAS A GREAT LEARNING EXPERIENCE.

I think we had a good, flexible mass prophylaxis plan however, the idea of using vaccines for treatment as opposed to prevent means some adjustment. The basic framework is solid and it will just take some thinking.

I WAS ONLY AVAILABLE FOR THE FIRST MODULE.

In the beginning the assumption that plans were in existence for CDC and ISDH recent draft policies slanted the presentation towards evaluating plans versus teaching the tasks. / That is the reason for the "scores" on materiel and presentation for Module 1. The Mass Prophylaxis plan, by design is intended to touch everyone in 48 hrs. These plans for receiving vaccines or countermeasures could almost be scaled back by a competent decision making team (Section B of the MPP) providing SME input into a well designed County NIMS organization designed for the response to a major medical event. / / I found that the Purdue slides did not present the underlying logic in the Allocating policy in Module 2. I prepared color copies of table 2 of the allocating policy as the teaching tool. Using it, I related the Functional/Functional/Functional/General Population presentation to be constituent with basic responder tenets. The Responders in the room understood the "conserve the responder" logic. This

allowed them to understand the "Process" of the DRAFT. The indication that the group understood the underlying concepts of the Functional/Functional/Functional/General Population logic is that the majority of the little time was used to discuss the process to gather, vet and approve the number packages for the county. This approach was raised with Purdue before hand. That discussion highlighted the fact that the policy was difficult to interpret / / In Module 3 one county was assigned the third section and missed the chance to have a meaningful discussion on Alternate care facilities. / / Again the core problem was that too much was tried to be covered in the time allocated.

It was a great tool for educating community response partners. It's often difficult to disseminate planning information and gain buy-in.

It would have helped our site if the County Health Nurse would have been present since she drives most of this.

Local Health Dept has the Plan.

The plan is being written by a contractor that is meeting with each agency independently. Which is not bad to start, but the agencies must come together at some point to complete the plan so that everyone knows what is in the plan.

This got major issues needing discussion out on the table and good discussion took place. It was great!! Overall, I thought it was very beneficial and will lead to continued working groups in my opinion. I would say that it was a bit too much to tackle in one drill. Even though it was known that it was only meant to open up discussions -- it was a lot of content in one drill. In my opinion too much for the group --- and I have a passion for it. So if I, a public health person, felt it was too much, it was surely too much for some members who participated. / / However, overall...great job and very helpful! Good group lead discussions amongst the counties. Good to hear what others are doing.

Webcast appears as only about 25% of visible screen. Do something to make it full screen or provide magnifying glasses and/or binoculars.

**Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

Antiviral dispensing activities; County "Prioritization Policy" with limited amounts of prepandemic vaccine; vaccination program with the prepandemic vaccine.

Definitions of responsibility during a pandemic. If the vaccine is delivered to the health department how will the hospital obtain the vaccine for staff use.

How counties coordinate amongst themselves to share information during such an event. / / How a JIC would function. / / How political officials are in the loop on the decision-making.

Is there a model plan that could be provided to the various agencies? I am concerned that a TTX is not representative of a real event. An example: I strongly suspect that the hierarchy for issue of prophylactic vaccines will be quickly breached when those involved are faced with saving their families, or the local medical professionals. I suggest that there needs to be much better planning for security issues.

It would be beneficial to complete another tabletop once the deliverables are completed and roles/responsibilities defined and understood as well as standard operating procedures in place for the counties.

Possibly how to have volunteers don the proper PPE and issue vaccine.

Raise the importance of Behavioral Health and probably invite representatives from the Funeral Home industry.

Realistic Incident Management. When you have a six-person health department, you are not going to be able to staff an EOC as the book wants you to (Ops, Planning, Logistics, finance) and have anyone left to do the work. If you're think of using volunteers to staff these positions, remember that by NIMS standards, everyone working in an EOC must have completed up to the ICS-400 level training. In my opinion, this just isn't going to happen. In my opinion we need to look at some realistic options such as your mass prophylaxis or health discipline being a taskforce, group, or something smaller and rely on the counties EOC to assist you.

The discussion in our county TTX would support two topics for the FE: (1) PIO/ CERC and (2) Set up the County NIMS organization that would focus and execute the response in the pandemic. / / The PIO element is so subtle that the use of even a single word can have significant unintended consequences. In the discussion of Home Care the facilitator got comfortable describing the "standard of care". The physician in our group took exception to the use of some terms and suggested more appropriate terms. It is a deceptively difficult task to do it right. /

The Purdue facilitators need to learn how to pronounce the names of the counties. Our county was repeatedly mis-pronounced.

Utilization of Medical Reserve Corps volunteers and spontaneous unaffiliated volunteers.

***District 4***

April 18, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

## District 4 Tabletop Exercise

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.66 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.64 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.45 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.67 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.49 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.41 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.63 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.47 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.70 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.46 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.52 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.58 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.52 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.77 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.47 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 3.16 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 3.90 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.46 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 2.88 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.45 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.18 |

## Are there any other comments/feedback you would like to provide about the TTX?

"EDUCATION" is what is needed. Educating the community on proper PPE will be more effective in preventing the spread of a pandemic. STAY HOME IF YOU'RE SICK!!!

/ Everyone in attendance felt the information and the TTX was well planned and did appreciate the interaction between the facilitator and the groups at the various locations. / The sharing of information from the other counties was helpful too.

/ There should be requirements to attend. I realize we want all involved but if the people attending have had zero NIMS training or understanding time is wasted trying to bring them up to speed instead of discussing the topic at hand. Focus in on a target audience. If going to do a webcast audience needs to have basic understandings. More would have been accomplished if the group facilitators were on site.

During the training, we were sitting with others from our profession. I think each table should have had one representative from each industry/profession. As an engineer, I don't often converse with health care professionals/law enforcement/ education and was not fully aware of the challenges a pandemic would bring. By being so segmented, a "good" discussion was not possible because we didn't have the benefit of perspective from all involved parties. As a result, the training was not as helpful as it could have been. / / The conference was/is definitely needed. I still have some basic questions as to who has "authority" to declare a pandemic exists. For example, our city experienced a blizzard and record snow falls last year. The county we resided in declared a code 3 emergency and no one was to be on the street. However, the city within the county continued to operate and there was an obvious contradiction among two local authorities. These are the types of operation issues that need to be addressed on a large scale for for a pandemic epidemic.

Good presentation. It is important for each county to include as many of their partners as possible in these exercises.

I feel the planning is daunting. There is so much to plan for and try to anticipate that after a while you are confused. I would like to see more emphasis on education.

I think everyone assumes the local health agencies that have lost their preparedness coordinators have the time to spend hours and hours on these projects and we don't. We all have full time jobs and all other required activities had to come to a halt to prepare for this. We don't have extra people in the office to do other tasks while the staff works on this. No one had the latest countermeasures document, if I hadn't called another local health department we wouldn't have known it existed. One of the physicians present had no clue about the stockpile, or anticipated stockpile of pre-pandemic vaccination so he was telling everyone in the group the wrong information. In other words, you need to keep us in the loop and don't assume we are getting all the needed information.

I think that when there are forms or worksheets to be completed it could be helpful to have the sheets completed on line with the consensus of the participants. If the completed worksheet could be displayed on the computer then counties could comment on, take exception to, etc. This would make the PPT more interactive.

It was my impression that some agencies and some counties regarded this as an exercise only and do not feel an urgency to be fully prepared.

More communication between ISDH, Counties, and PHSI could eliminate some of the confusion and the goals and the objectives could be decided together so it can be truly beneficial.

My comments aren't meant to be simply mean and critical. I have a genuine need for information. I would be best served by seeing model plans used in other areas (especially if they've demonstrated success with disease spread, and if they mirror my county's demographics). // The worksheets provided gave me some good ideas, with which I can move forward. My county is relatively sparsely populated, and not a large business center. It has no hospitals. My county leaders tend to let emergency-related issues take a back seat, until it's too late. For a Pan-Flu plan to be developed (any time this century), I will have to do it myself, with some help from the Health Dept. At that point, we will inform everybody involved, make minor alterations, and present it to the County as THE PLAN. // This is not a bad blueprint for other counties, frankly. I believe there are too many committees, groups, discussions, etc. The professional leaders of each group (schools, hospitals, police, fire, EMA, etc.) know how to manage their departments (usually). All they need is a directive which says, "In the event of a Pan-flu outbreak, your department is responsible for:..... Your contacts in other fields will be:..... The overall concept for control of the outbreak is:..... // Controlling pandemic outbreak is like many other battles. It will be fought differently, with different tools, in different areas. Responsibility needs to be given to "unit-level commanders", so that they can have the flexibility they need to operate effectively. Endless discussion is pointless and often counter-productive. It lends a sense of "This problem is simply too big; we're doomed!" fatalism. Centuries of military experience has led to the U.S.'s current, world-dominating, "unit-level initiative system" (in simple terms). Centrally-controlled, top-heavy militaries FAIL. So will we, if we behave that way. // Note; King County, Washington, has an excellent Pan-Flu presentation at:<http://www.metrokc.gov/health/pandemicflu/index.htm> // We don't need to re-invent the wheel here. Get us the info to plan effectively, and let's DO IT!

One of my attendees was offended when asked "how are the Counties impacted by having no Hospital". While it is true our County has no hospital, they do work closely with surrounding Counties with hospitals. As it happened the attendee represented that facility. This attendee has been very active in supporting the Health department and DHS, actively attending state, district and local meetings.

Test the WEB-Cast before the class starts.

The effort was worthwhile. I do think this is a good approach to "jumpstarting" thinking and planning at the local level.

The questions in the handout were very good so as to consider all the problems that must be faced. There are probably many more questions that in reality need addressing such as when the Task Force will be activated, how responsive will the state be to helping with supplies and resources for local needs or will the state and Federal resources be overwhelmed themselves also. After the exercise, I was not really sure if our County actually had a plan or if it was under development or whatever. It seemed to me like they were using the time to try to develop a plan.

The teleconference was not clear and difficult to hear the responses even after the audio was adjusted. I would recommend a large forum, perhaps Elliott Hall of Music on Purdue's campus for

everyone to be accomodated.

The TT provided a good overview to what is needed in a pan flu plan. However, the modules were too broad to develop any specific requirements for the plan.

very well organized / answered my questions well / good handouts / now I can identify roles & contact persons

We appreciate all of the work and efforts put in to planning this exercise.

Well done!

**Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

Perhaps review the After Action Reports as to what you are looking for and what should be the key indicators once the exercise is completed.

Case studies of pandemic outbreaks in the past would be nice. Encouragement of individual initiative would be nice. Fostering a culture of "can-do" attitudes would be nice.

COOP is an interesting topic and one that would engage many agencies.

Discussion in greater detail re the specifics of pandemic preparedness.

EOC management in a public health emergency. Who needs to be there and what decisions can be made and communicated to the incident commander and the people who are doing the response to the incident or emergency.

How is the funding coming to the counties and who distributes the funds accordingly?

I think pre-conference exercises are needed. Examples of other communities plans (if they exist) would be great. I would hope we aren't re-creating the wheel here, but if we are we need a timeframe for final completion and monthly meetings to come up with a final comprehensive plan.

I think there needs to be better definition of who attends. Not all players need to be involved at all points. More direction from the State is needed just in general, and a far less academic and more practical real life approach to how these exercises are designed. Somebody with "boots on the ground" experience, vs books on the desk needs to be planning.

I would like to discuss how each medical institution will coordinate with each other and what role each facility had during a pandemic

I would like to see more emphasis on education. When and if the pandemic strikes and depending on the severity, those that did not learn the basics, ei, handwashing, cover your nose and mouth, staying home if ill, etc. will be at a loss; as most health professionals will be utilized helping the sick with little time to give instructions.

Just the ones already stated about organization

more detailed guidelines on alternative care and the plans in place at other facilities.

Technology did not work well - so either having on-site facilitator and information or getting us all together in a big place would work better.

The functional exercise should be a small piece of the plan. It could easily get to big to work a large drill. Maybe just test the level of cooperation between agencies to distribute some of the material.

There needs to be discussion on approaches to utilize to maintain the local economy and delivery of important services on a sustained basis. If schools, public gatherings etc. are banned, for how long?

How do we sustain the economy if closures are for a long time?

use federal money to provide useful training and equipment to specific agencies.

Whatever time frame you start with, don't change it.

Yes, where in reality do all the people come from to accomplish all the tasks needed to be performed and how are these people going to be trained and protected etc. to properly perform these tasks?

One of the major discussions was between the EMA and local Police as to how the Police were going to have enough personnel to provide security over a long period of time. Also, does shutting down schools and Purdue and businesses and sending these people home really help things or just create a new set of problems that need solving.

You have to tap into our government/elected officials more. They are so far behind and lack knowledge on this topic

***District 5***

April 21, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

**District 5 Tabletop Exercise**

|   | Mean        |
|---|-------------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | <b>3.66</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | <b>3.64</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | <b>3.58</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | <b>3.71</b> |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | <b>3.24</b> |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | <b>3.51</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | <b>3.68</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | <b>3.61</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | <b>3.73</b> |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | <b>3.32</b> |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | <b>3.56</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | <b>3.66</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | <b>3.60</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | <b>3.68</b> |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | <b>3.27</b> |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | <b>4.08</b> |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | <b>3.97</b> |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | <b>3.99</b> |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | <b>3.77</b> |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | <b>3.76</b> |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | <b>3.98</b> |

## Are there any other comments/feedback you would like to provide about the TTX?

GOOD WEBINAR TRAINING PROGRAM. I LIKED THE COMBINATION OF WEB TECHNOLOGY, CONFERENCE CALL AND GROUP DISCUSSION. THE TRAINING SITE WAS EXCELLENT!

Hopefully, this will energize those in charge to organize more meetings and to begin to design a county plan.

a) This was not so much a tabletop as a roundtable discussion (much needed however) / b) Next steps on how the DISTRICT will respond needed / c) Lacked ample time for wrapup and next steps discussion / d) Need direction as to what next steps need to be for local, county, district, state and federal levels. / e) No clear expectation or guidance from the State.

I answered the questions above based on the Hospital's plan not the county plan. The county plan is yet to be started but this program gave us a better understanding of what needs to be accomplished. / Thank you.

I greatly enjoyed the opportunity to attend. I learned a great deal of what lies ahead of us in our efforts to prepare a plan. I feel there was a good representation of individuals from various organizations who had good information to contribute. It has stimulated my thinking about what lies ahead.

It is extremely hard to identify who is responsible for Alternative Care Sites and what the alternative care sites are responsible for providing. / / There is no way a small health department can be responsible for that, nor do the hospitals feel they will have the manpower to staff anything but their own facility! The whole topic is too overwhelming. I am concerned that the public thinks/will think that this is taken care of, that because there is planning taking place there are therefore answers to these difficult situations. / / I would like to see the public (by way of the television) given more guidance regarding the fact that a pandemic is not something we have vaccine for; that developing such will be a long involved process once the virus is identified; that they will be asked to stay home, wash their hands and care for their own. I think we are giving the public a false sense of security by making them think we have it under control. I feel like any advertising going on the television is either not addressing this at all, or just making light of it. I know we don't want to scare people, but they will not plan appropriately unless we do! / / The people in New Orleans were obviously not scared, if they would have been they would have heeded the warnings, and sought shelter. I think everyone tries to say everything so nice, and that doesn't work in these situations.

It takes a lot of planning to produce an event such as this tabletop exercise. Thank you for all your hard work and effort. We need to keep moving forward and keep the lines of communication flowing.

It was beneficial in that there were so many representatives from agencies across the public health system.

It was valuable in that many players came to the table, discussions were begun on differences various disciplines may have in the actual roll-out of a plan. Strengths and weaknesses were looked at and discussed, some previously not considered. / Over all very good, thought provoking, challenging and

an opportunity to evaluate our own local needs.

It would have been nice if a representative from ISDH were participating so that their involvement in the process would have been understood.

Length of time was good. Gave a good start to a discussion and made everyone realize the discussion needed to be continued.

Location was good- County folks did a really nice job

More time was needed. But I guess this really was more to get the groups thinking and talking about not just their individual plans but a BIG coordinated effort that will be needed.

Our group discussions were led by the local health department. They were able to focus on what was in place that could meet the broad module tasks. Once the discussion began the health department stated their position, and it was done... We did not have a neutral party that would provide any interjects to force discussions into a more detailed response, and we did not have any questions from the evaluators, if they were there at all, to further test the response or to see if we had met the module objectives. From the local health and hospital vantage point, there could have been a lot going on during the exercise. Just didn't involve EMA or private industry. / / Maybe our group has plans in place that are very complete and that is why the discussion was very straight forward. We had the core items down, but a lot was assumed. What was the ICS structure in place at the depot/fairgrounds? Where did those resources come from? None of the worksheets were used from my vantage point, nor followed as a means to complete the tasks. In D5, it would be difficult across all the counties to expect plans to be to the same levels. / / Good exercise, I just wonder if there was much uncovered in our county.

The exercise helped to identify the expected role of community health centers in the county's plans. Also, our partners were at the table and this helped to open discussion that is needed to finalize our plan.

The inadequate communication between the state, local counties and District 5 is making it difficult for hospitals to keep up with the current plans. We continue to get inconsistent information.

The presentation need to make clear the differences between pre-pandemic (H5N1) vaccine, antivirals, and targeted vaccines available 3 to 6 months after the pandemic begins. There was some confusion on this point and I spent some time clarifying this for the group.

The questions we had remain as we would only be able to plan our distribution of medications after we learned how many would be available. / We are waiting for the state to qualify the intent of an alternate care site and alternate level of care.

The tabletop gave us a chance to look at our plan in greater detail and ask questions to make us better prepared for an epidemic situation.

There were too many stake holders to control a meaningful discussion. I believe there were good ideas and concerns presented by many groups with very few answers. We certainly received some important information that was necessary to have to contribute to the discussion. / / Large and diverse groups inhibited info sharing. / / We recommend meeting summaries of ideas, concerns,

solutions and conclusions from other areas as well as our own delivered to the stakeholders preferably by the web / / One of our great concerns is that school systems and buildings are normally presented to the public as very safe places to be. If used as central treatment centers or morgues, what will the reputation of the schools become?

This brought about 1) an active interest among participants 2) areas to address in future meetings / I think overall, it increased an awareness and more personnel will participate in planning and implementation thus increasing our readiness and overall response.

Very positive interaction among the different agencies involved. I think we have a better respect for each others position

We need more of these TTX to gather the necessary person together to talk about the problems and possibilities of a countywide emergency. The more of these exercise we have the BETTER.

## Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?

I think it would be helpful to discuss in greater detail the of allocation of limited resources and how to decide who will receive these resources.

Address what happens in the real world during a true pandemic when local resources become overwhelmed to the point that most services (health care, 911, EMS, surge capacity, body disposal, etc.) can no longer be provided.

As far as the food supply, electric and water supply, truck drivers, train and airplane (transportation) what they doing do prepare? / One of my biggest questions is why will supplies have to be flown in. Why don't all major cities have these supplies warehoused already? It seems like we would lose about two days right off the bat getting this part organized. / /

How do we address the practical problems in developing the priority list of people who will receive the pre-pandemic vaccines and the antivirals. Over time, people on the priority list will contract the flu and after seeing a doctor to confirm that they have the pandemic flu, we will dispense a regime of the Tamiflu or Relenza to them. This part is clear. As time progresses and other people, not on the list, develop symptoms and perhaps die as a result of the flu we sit here at the health department with hundreds or thousands of regimes of antivirals that might have saved that persons life. I think we need a committee that includes people equipped to deal with ethical and moral issues to help make the very difficult decisions that might be required. Perhaps we need some appeal process. The issue is made more complex by the brief period the antivirals would be effective. / / This leaves aside the legal questions that will arise in the post pandemic period. / / This is an area that would benefit from a broad discussion of the problems and possible solutions. / /

More State Involvement including State Police and National Guard.

Please keep working on the hospital/public health interaction.

Security issues.

Security, security, and security. Panic reduction strategies. Information sharing systems to provide the public with information to reduce panic.

The scenario ahead of time.

There needs to be discussion on ventilator allocation, extended resource management, and alterations of regular practices (i.e., use of PPE for longer time periods than recommended. Also, discussion on recovery in the aftermath of the event.

This exercise need to involve all public safety personnel in every community not just health, emergency management, hospital but everyone that could be assisting in the Pandemic Flu, also better awareness need to be brought to the table maybe commercial on National TV Station of Preparedness for this and not to scare the public just some mitigation against this with preparedness Won't be participating in the functional exercise.

***District 6***

April 21, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

## District 6 Tabletop Exercise

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.48 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.58 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.68 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.60 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.27 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.63 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.58 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.69 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.56 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.30 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.58 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.55 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.65 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.54 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.30 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 3.61 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 3.73 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.76 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.23 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.62 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.62 |

## Are there any other comments/feedback you would like to provide about the TTX?

I am not too sure where a school nurse would fit in (non-administrator) in case of a widespread community pandemic. She could volunteer at triage sites. If school was in session, I am sure she would be very busy in her realm with ill staff and students. What I understand, the schools would shut down. As far as use of school facility, that would be an administrator, community leader decision.

I do think this provided some valuable insight, especially in areas that we thought we had covered. There were several areas that will now require additional conversation and adaptation to be better prepared for a serious situation.

/ With a small group of interested persons, Our county had very lively discussions with a lot of very good ideas to improve our plan. This was very beneficial for us. / /

Better transmission of county responses. It would be nice to see facilitator.

Comments and discussions with other counties provided different points of view which were very helpful. / I also thought it interesting that many counties were a little behind where we are and just as many were ahead of us. That provided a useful benchmark for all counties.

Do not want to be negative about efforts to engage different communities in sharing ideas about plans. For me to get real plan improvements going would best be addressed under a different format than a webcast. A webcast format to me would be better served as an attention getter and information presentation for school, government, and business officials who are fairly uninformed about pan flu. Again it is difficult to get these people to participate unless there is a real story to tell or a publicized threat. Pan flu is kind of old hat right now unless the news media runs with something new with it.

Either our county is not ready for this or most are uninformed. This needs to be set up completely and then information passed along to those who will be involved in working during this situation so that it is not an even larger mess than it already will be. Keeping others informed of how things will be organized will help all when dealing with this situation.

I think exercises are good, but we need to go through each step, and who will we contact for this and that and go through the whole process. # of people for security needed at county line to the storage thru dispensing and # to be needed at hospital and alternate care site. Who do we have, who do we need?

Make sure that you're not leaving anyone out. I sat a picture of the district in front of me during the exercise and it helped when hearing responses (so I could remember where they were)...and they're my district, so bad, huh!! I think it was a bit of nerves also. I think the technology was very well received. The slides were very professional. It might be easier to take a smaller piece of the large picture and exercise that small piece because the "big picture" is so hard to wrap your mind around with a large group of people.

SMALL RURAL COUNTIES HAVE LIMITED RESOURCES. WHERE ARE THESE TYPE OF COUNTIES ON THE

#### PRIOPRITY LIST FOR THE AMOUNT OF VACCINE ETC?

The overall exercise was great for review for our county. The prepandemic vaccine discussion was very helpful in guiding decisions for the near future. Started to discuss ways to determines priorties and and critical individuals withiin the county.

There were many good things brought up, but again I had hard time understanding everyone.

They had good discussion and even came up with some solutions.

Use the counties that are prepared in one group and the unprepared in another group.

Was more presentation and discussion than a TTX.

We are in the process of adding details to our plan and this gave us a great opportunity to collaborate with some of the other entities in the county.

**Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

More discussion on crowd control, prevention of community panic if and when a local community is affected. How do we control bombardment of citizens onto say the health department when they demand vaccines and there are none to administer!

For the functional, there is going to have to be some "thing" or "reward" for the volunteers that need to be patients. I've participated in SO many functionals that are set up beautiful and there's no people to practice pills into people. Volunteers will only go through 3-4 times before they are bored and leave. I believe that this is the most critical thing that needs MAJOR thought before this summers' functional exercises.

How will the "second wave" of the virus be handled? Realistically, essential personnel will be lost with the initial onslaught of the virus. So who will step up to the plate when the original workers are fewer in numbers?

Implementing local business in our plans, and involvement of schools. This ttx did not really include these folks too much at all.

Information discussing school closures.

My biggest problem or initiative for the whole program of preparedness is community awareness and participation. I do not have even a fraction of the volunteers rostered that would be needed in time of a real emergency and we had to stand up 2 or 3 PODS and have enough people to man them and the shifts. I have plan pretty well thought out and organized and even most of the logistics figured out. If we could get some State backing somehow to encourage and support community efforts to recruit volunteers, that might help. Not sure how this need could be included in upcoming functional exercise. /

Show me the money!!!! The Fire Dept. does not have the funds to stock pile needed supplies. Do you have a list of grants that are out there for our use. Thank you...

Some directive alternative plans or an overall plan guide lines to get us started in the right direction. Our PHC is very good / but I don't think he's getting enough help from community to help him implement a sound plan.

Unfortunately I feel like we concentrate a lot of attention on situations such as the Avian flu which has been overblown by the media and health organizations. I would prefer we looked at scenarios that are more likely to occur, though I realize it is difficult to select one and that so many different types of things can happen.

Video stream of facilitator..

Water is contaminated. / Closing down businesses & schools, what to plan for in this situation, food and meds for the needy, etc.

Where do family members of the priority group members fit in?

Will this truly be a functional exercise without a TRUE tabletop exercise first?

***District 7***

April 25, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

## District 7 Tabletop Exercise

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.85 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.90 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.85 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.83 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.32 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.92 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.83 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.90 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.90 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.45 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.68 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.76 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.73 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.73 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.50 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 4.00 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 4.07 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.85 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.83 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.88 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.97 |
| How well do you think your current plan addresses the issues covered in the TTX?  | 3.62 |
| How would you rate the extent to which the TTX will help you improve your existing plan?  | 4.00 |

## Are there any other comments/feedback you would like to provide about the TTX?

There was a lot of discussion but no concrete decisions made for our county. We know what are expectations are for the hospital but not for the community

As a school system, we have a plan to track and report illness rates, care for ill students, transport ill students and close the school. We also have plans to assist the community as a POD site. However, many of the issues discussed in this TTX involve many more agencies and volunteers beyond the scope of the school system, and those issues are the ones that plans need to be made for.

As an organization (hospital) we feel very prepared but have grave concerns regarding this community due to lack of involvement with the local government. Our thoughts are if there is a pandemic the local government will be in a state of panic and crises mode and we will have to take the lead. // It would be beneficial if we could get support to address and impress our County that this will occur and it's just a matter of time. // Thank you.

It was beneficial. The various reps from public health said it was an eye opener.

Just to say again that key people need to be pushed into attending these workshops. If something does come up, we will have many functions that only have partial awareness of their duties/plans, etc. How can these issues be raised without causing enmity?

No. Just feedback on the question above which asks "What is the current status of your pandemic plan". Our answer is that the pandemic plan is ALWAYS evolving and so therefore is never complete.

NONE, I THINK THE EXERCISE WENT VERY WELL.

Our plan is a breathing document...always being evaluated for improvement

Overall it was pretty good. It was very hard to get participants on a Friday afternoon.

Pan Flu is part of our CEMP; it is complete for now but seems to be changing with different requirements and information that come down to us.

Remind people to sit closer to their speaker phone. Unable to understand some counties all of the time - too soft/distant.

There were more questions than answers and no follow up reports to culminate the data and develop an action plan based on the information shared.

This was probably one of the best interactive web and phone casts I have attended. I felt all information was good and it never ceases that even with so many of these exercises we continue to still obtain great amounts of very useful information. The information was all sent in a timely manner so organization by each county could be attained. Overall a great exercise from start to finish.

Our County has a Pan Flu Task Force that has already met on several occasions to develop a plan. That information was not delivered well during this exercise. Also, the delivery of the drill was not a

beneficial learning experience for those persons who developed this thorough plan.

We have a completed plan, but know there is substantial opportunity for improvement. The layout of the meeting provided a better understanding of where the other organizations in our community are on their plans and where we should go from here. I felt there is finally enough information and a more standardized format that we can really begin to work on the details.

**Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

Communication between ISDH, LHD and Hospitals. Intra-communication between hospitals re supplies.

Delivery of medical supplies, food to hospitals with expected obstacles. Interruption of public utilities such as water and impact to community. Interruption of financial services. Expectations and responsibilities of medical staff of physicians' offices and clinics. Expectations of health care and funeral home services on responsibilities of handling the deceased particularly those persons who reside in one county or state and seek health care in a different county and pass away while there.

I think law enforcement participation/topics should be increased as well as environmental health & vital records issues. Our REHS attended, but only by "force". Most information and exercises are only addressing the medical end - very important, but each employee needs to be able to see how their roles will be affected during a pandemic - by having active participation during the exercises.

I think this exercise went well, I would like to see more people attend.

Not sure we are ready for a functional drill until opportunities during the tabletop are addressed. The opportunities will just double.

**PARTICIPATION REQUIRED FOR ANY CURRENT STATE OR FEDERAL FUNDING!**

Until this H5N1 flu has hit or passed, I think Pandemic mtgs. are essential. I feel the public has no. clue or has forgotten how we will be affected. This will be a Watershed event for us and I feel more education is needed.

Yes, how to get key people/organizations involved.

***District 8***

April 21, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

## District 8 Tabletop Exercise

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.83 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.66 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.83 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.85 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.62 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.59 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.76 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.85 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.84 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.55 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.66 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.51 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.51 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.70 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.40 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 3.84 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 3.91 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.98 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.57 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.67 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.80 |
| How well do you think your current plan addresses the issues covered in the TTX?  | 3.49 |
| How would you rate the extent to which the TTX will help you improve your existing plan?  | 3.67 |

## Are there any other comments/feedback you would like to provide about the TTX?

I thought it was very good overall. Even though at the H.D. we had discussed everything in our plan, once in a senero it brought out what needed to be changed.

Too much for time period allotted. Modify to include modules 1 and 2. Module 3 is a stand alone module.

A more robust group of participants would have been helpful to have a more substantive dialogue about plans by different stakeholders & how they all interact.

I am referring only to EMA's plan, not the Health Dept.

I did not know the pod information and was not aware that the first push would be to vaccinate the ill. This will mean changing our plans at the hospital and locally. This was not the plan that was taught to me earlier and it is confusing to organizations when the plan and functions of the pods and plans get changed. / I also worry that if the vaccines are only for the ill how we will keep the first line staff of organizations well when they are treating the ill and have not been vaccinated.

I think a shorter presentation done more often would better meet the schedule of important key people so that attendance would be better.

I was disappointed in the interactive discussion time; however the content will enable us to develop a better plan.

Module 3 was less applicable. More time to spend on M 1 & 2 would have been more productive.

Participation is usually limited at these because of no real urgency through the top level of government / decision makers at county level yet.

Perhaps objectives need to be restated to maintain focus throughout time period.

Thank you for including such a wide and diverse group. All plans can benefit from this degree of interaction and reflection.

There needs to be more communication between the state and local agencies. We had no idea that antivirals are only for treatment and we do not agree with the state's guidance. First responders and volunteers will not work in clinics if they do not receive medicine first. Also, we need more information about how many vaccines are available. Will the military and government officials in Washington, D.C. take away from the 20 million doses? The TTX provided great information we need to update our plans; however, three hours was not enough time to discuss it in any detail. Also, why was Purdue facilitating and why was ISDH not available for questions???

This is not a tabletop exercise per the HSEEP guidelines. TTX's test plans in a discussion format. This county had no plans in place to test. For this county, the topics addressed were novel and more time was needed to brainstorm ways to address the topics so that plans can be developed. There was too much new information addressed during this workshop for the time allotted. Planning team needs to

know the audience better to meet the preparedness needs for the audience. We had good discussion about the topics and the forum exposed county planners to the challenges faced by the health departments. Participation improved collaboration among agencies. / / Public Health is new to the preparedness business and should meet the expectation mark with respect to the exercise planning. HSEEP clearly states that the planning team is responsible for the development of the evaluation EEG's. The decision to degenerate this to the local health departments was irresponsible. If an agency is not part of the planning team, there is no way that agency can create an effective evaluation piece. Please make sure this is improved immediately and improvements applied to the functional exercise that Purdue has been contracted to provide. /

Without administration representatives attending with school nurses to these events, I have very little clout to encourage written school preparedness plans in my school corporation, despite communicating this to my school administrators about the need for this. I don't think it's a high priority with them.

**Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

Why are you scheduling functional exercises when clearly the plans aren't done? Give the health departments and hospitals time and resources to get their pieces in place, maybe 3-6 months, and then schedule a functional exercise.

Draw a bubble graph or some other visual to see over-lap of organizations that may work for various groups. Something visual to help organize data and focus within the groups. / What a good experience this was over-all!

First responders and their families expect prophylaxis first. How is this being addressed?

Focus on the well known fact that all counties and communities will be on their own sooner or later, and we should be prepared for sooner. International air travel and the Chinese Olympics could have it upon us in a matter of months. We'd best be ready.

Mass casualty event.

Radioactive emergencies.

Scenarios to assist the public/private schools on their roles and responsibilities during a pandemic.

We struggle with numbers of vaccines and population that we felt needed to be covered.

Will the planning team be advising the LHD about who to invite to participate based on the objectives of the functional exercise? / Planning team needs to provide sitman, participant evaluation forms for the exercise and evaluator EEG's for the exercise.

***District 9***

April 21, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

## District 9 Tabletop Exercise

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.59 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.68 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.69 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.59 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.45 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.64 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.59 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.69 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.60 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.49 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.68 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.60 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.74 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.60 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.46 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 4.02 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 3.92 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.90 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.59 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.78 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.98 |
| How well do you think your current plan addresses the issues covered in the TTX?  | 3.55 |
| How would you rate the extent to which the TTX will help you improve your existing plan?  | 3.68 |

## Are there any other comments/feedback you would like to provide about the TTX?

/ / Well facilitated - time frames for discussion were quite adequate. / / T H A N K Y O U

I THINK WE FOUND A COUPLE OF ITEMS IN OUR PLAN THAT NEEDED ADDRESSED THAT WERE BROUGHT OUT BY THE TTX AND IN OUR GROUP DISCUSSION,,,,,,,,,ONE WAS ABOUT WHO SHOULD BE IN OUR TIER 1 GROUP BUT AS WITH MOST PLANS IT IS A LIVING PLAN.

This exercise was especially good for us because it gave us opportunity to develop some necessary rapport with various agencies that would be working together.

I feel many people do not take the pandemic seriously and thus feel there is no need for preparedness.

I have attended other exercises that were run much better. This one did not seem to be very well prepared.

I think if there is another ttx scheduled, our turnout will be poor.

In my opinion there was too much emphasis on the CDC guidance and real confusion of how the Federal govt and state govt would handle a Pan Flu event. The first inject stated CDC says there is an imminent threat. If such a threat exists and millions of dollars being spent on the distribution of prepandemic countermeasures...there will be a presidential disaster declared...what do you think of the public's reaction to the media releases of this imminent threat....the security that will be needed etc.....the state will have to follow and declare and I know the counties will declare so they would be eligible for reimbursement (manpower, resources etc...) When the pandemic hits there will be no time for prepandemic measures...in 1918 it hit and within 6 mos millions were dead....with the technology and transportation methods today how much quicker do you think this will travel? It will be covert in nature...you will not know who is carrying it and spreading it before its too late....pharma companies will not be able to produce vaccine in time to react to such an event. I believe emphasis needs to be on volunteer isolation and educating the public of the benefits of such a strategy. Take a look at the 1918 event and cities that embraced this strategy...the effects of the pandemic were much less in those cities. / / If I understand correctly within the presentation the prepandemic vaccine was first supposed to be given to the sick? What first responders would be willing to expose themselves and their families before they are given preventative vaccine? The next module we then vaccinate our priority groups? Unless I misunderstood this was backwards

One of the better TTX's I have participated in.

The discussion about allocating limited vaccines was very well received. This TTX increased the awareness that there is a need to form a Pan Flu County Committee, to make or direct these decisions.

The TTX was a great opportunity to network and collaborate with community members that will have high involvement should the pandemic happen.

There was a whole lot of confusion concerning module one and the guidance for countermeasures. Even the health department seemed confused on where the guidance that was being discussed came

from.

There was some relatively new developments presented in the TTX that LHD planners were not aware of...like using antivirals to treat sick people, and we have not been informed about the use of vaccines, as we were told that those would not be available until much later in the pandemic. Priority of distribution is an issue with as well. More information and guidance would be helpful.

This did give some awareness to our community as to the importance of having a task force that would begin a plan for the county. The discussion with all the counties just reinforced what we had discussed. I felt that amount of time was a little lengthy. Overall a positive exercise.

We had great participation and it was an excellent opportunity to educate some new comers to the issue.

We have a plan already and as you know it is always changing. / / It would be nice for the state to clarify who is in charge of alternate care sites, it sounds like some of the hospitals don't want to be responsible for this.

What can we do to enhance the interaction within the roles of EMA and the Health Department? / I "think" we lack a little bit of coordination which might lead to some confusion.

**Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?**

1.800 MHZ Communication-Utilizing Mutual Aid channels / 2. Physicians liability at Alternate Care Sites

Guidance for a mass fatality plan would be a big help!

Hope that you give us more time on the functional tabletop exercise so that we can be better prepared. I do not think we will be ready in June. It would be helpful if we were to receive material that would prepare us for what will be expected of us well in advance of the exercise so that we can work on it. Material that speaks to the challenges before us in a concise manner & with less reliance on acronyms.

More time needs to be spent on group discussions.

State procedures how they will handle SNS delivery to county, state protocol on declaring a disaster...what constitutes a disaster, ISDH-DHS collaboration, Crisis communication-state PIO team DHS and ISDH, voluntary isolation and educating the public.

Tips on coordination and communication. If we can communicate with the public and be organized so that they know we are on top of the situation, I think it will help keep panic down.

Volunteer corps / Volunteer registries.

***District 10***

April 21, 2008

Each registered Online TTX participant was emailed an assessment following their exercise. The assessment response rate was approximately 50%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim though specific name references have been removed.

## TTX Evaluation Data

## District 10 Tabletop Exercise

|   | Mean |
|---|------|
| Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? | 3.71 |
| For Module #1, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.64 |
| For Module #1, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.79 |
| For Module #1, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.71 |
| For Module #1, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.48 |
| Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan?                        | 3.63 |
| For Module #2, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.67 |
| For Module #2, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.76 |
| For Module #2, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.69 |
| For Module #2, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.41 |
| Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county?  | 3.53 |
| For Module #3, how would you rate the quality of each of the following items? <b>Presentation Content</b>   | 3.60 |
| For Module #3, how would you rate the quality of each of the following items? <b>Task Discussion</b>  | 3.67 |
| For Module #3, how would you rate the quality of each of the following items? <b>Facilitator-led group discussion</b>   | 3.64 |
| For Module #3, how would you rate the quality of each of the following items? <b>Worksheets</b>   | 3.34 |
| How would you rate your satisfaction with each of the following items? <b>Webcast Technology</b>  | 3.70 |
| How would you rate your satisfaction with each of the following items? <b>Facilitators</b>  | 3.87 |
| How would you rate your satisfaction with each of the following items? <b>Program Website</b>   | 3.77 |
| How would you rate your satisfaction with each of the following items? <b>Phone Conference</b>  | 3.74 |
| How would you rate your satisfaction with each of the following items? <b>Preparedness Program Overall</b>  | 3.57 |
| How would you rate the overall effectiveness of the combined use of <b>webcast technology, phone conferencing, and local group interaction?</b>   | 3.85 |
| How well do you think your current plan addresses the issues covered in the TTX?  | 3.43 |
| How would you rate the extent to which the TTX will help you improve your existing plan?  | 3.70 |

## Are there any other comments/feedback you would like to provide about the TTX?

// Some concern when it was recommended to not include the family members of all first tier responders when antivirals were made available. The group felt that this approach would dramatically reduce the turnout of staff. /

/ We live in a small county with very limited resources. We do not have personel or other resources to make a alternate care site to provide health care.

A plan is just a stack of paper if the responsible parties do not take the time to study it and know how to use it. I was shocked at the lack of understanding shown by some of the main players involved in the session I was in. After all the work that has been done by many it was shocking to see and hear their lack of understanding of the plan and it is really scary to see this level of response at this point in the process. It was totally mind numming !!!!!!!

Best part was bringing out that we may need 2 different methods of distribution for ill patient "Treatment" vs well population "vaccine". Had never occurred to us. We talked alot in our group about critical objective of keeping the sick ones AWAY from others to reduce spread & the need to ACTIVELY PLAN what we are going to do to KEEP the "well" ones well when we don't have vaccine for them. Is ISDH planning any guidelines on this? Things we talked about include - (obviously) posting reminders alerting staff to wash hands, stressing cough etiquette, wearing masks routinely not just for high risk contact, etc. The CDC graphs provided were extremely helpful in helping us to understand what they have in mind... reassuring to know that many issues have been thought thru & though no "disaster" can go "well", the more planning you can knock out ahead of time, the better. Thank you for your help.

Community physicians do not appear to be "in the loop" to any extent. Have the public authorities reached out to the county medical societies for assistance with vaccine & SNS distribution or the establishment of ACS?

Group discussions went very well. Input by each organization on what their role involved. Very informative!

I enjoyed the TTX however noticed that participants had a hard time paying attention upon the last Module (3 hrs may be a long time to listen to a conference call and follow a ppt). // There was still a lot of confusion about dispensing the antivirals and vaccines. These items are so limited that a "POD" should not be opened, per ISDH staff. Some LHD/counties still don't recognize the difference between this and mass prophylaxis.

I feel that our county has a good team that is willing to step up with a good plan, & use its resources the best for the community. It is great to have the chance to other ideas from other counties.

I feel that most plans are not actually completed, even if locations feel that they are. It most likely is a work in progress as we learn more, become more involved, and continue to have these tabletop discussions.

I'm not sure if its this way in other counties or states but in this county 911 operators(or Public Safety Answering Points) seem to be considered the least in any kind of preparedness classes or mock trials of

this sort. We will be the first number hundreds of people call when the ambulances cut back on their services in this situation or when the hospital turns them away. And they will continue to call us even after the word has gotten out about what they should be doing. We will be the first people they call in any type of disaster. Also, if the people that work at the PSAPs were not there I'm not sure how a lot of fire depts and police depts would get along. I don't know of one police officer or fireman that can come in and take over for our dispatchers when we are all unable to work due to this pandemic or any other disaster. 911 operators should be remembered and included in all disaster preparedness classes and mock trials. However, being what I consider to be the stepchildren of public safety we rarely, if ever, are considered.

It was the opposite of what we have been taught. We have planned to send the sick elsewhere, not to our clinics. / We also need to include the volunteers families in order for them to feel more comfortable about leaving them to help us. / It did show us there are several issues we still need to deal with.

It would have been helpful to have our county represented so we could understand what the process will be in the event of a Pandemic.

Lots of discussion with the tier 1 Sub-prioritization. Did not include families of front-line responders, yet included pregnant woman. Without our families being protected, we will not have front-line responders! We deal with the public daily....many of our clients will BECOME pregnant, if they are aware this condition will allow them to have the vaccine.

Overall, the TTX helped make us aware of the seriousness of the need for an organized and structured plan / Rather than wait until it happens. We did not have some of the needed plans in place. It motivated those present for the exercise. / / Thank you!

Since the departure of the health department emergency coordinator our County Health Department does not seem to have a grasp on the roll they will be playing during a pandemic. Many agencies came together to do the pandemic planning and they seemed to be clear on their roles, but now the coordinator is gone it would seem that health department is completely unaware of the plan. Many of the issues that we addressed in the tabletop have been worked out in the pandemic plan, but the health department could not address the issues intelligently. For example extensive planning has taken place on the county level for the receipt of the SNS, but the Health Officer seemed to think it was just a matter of signing for it as if it was just a package delivered by UPS. So my question is now that the coordinator is gone is there really a plan? / / /

This exercise very clearly pointed out that each county had different problems, issues, and challenges. And each county needed to decide how best to implement their plan. The most critical part of preparedness is making the right contacts, bringing the right people to the table, forming coalitions, educating the public and mobilizing the community. This is a daily task and it takes someone from the community and in the community to accomplish it. It is a full time responsibility. Indiana Health Department's program is doomed to fail as it is now set up. It is not based in reality and on real world experience.

This exercise was well designed and well implemented - Congrats!

This is the third such exercise in which I have participated. We must have more communication within

our County so we can afford our community the preparedness they deserve.

This was a great learning opportunity. Thank you for having provided it.

Well done. Certainly worth the time we spent participating.

## Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?

Everyone in the same room and location.

Private sector planning. We are a free standing psych facility that cares for 62 mentally ill children and adolescents. We would appreciate any assistance when it comes to planning for this possible event.

1. Command structure and coordination of ISDH and LHDs for a pan flu scenario. This should also include the county command structure for such a scenario. / 2. Altered Standards of Care (this may be more applicable to hospitals, clinics, EMS but still pertinent to ESF 8). / 3. Media partnerships and participation. Media will be a huge player in a pan flu or any event. It will be important to have the media broadcasting credible info from one source (the JIC). /

EMA involvement.

Guidance on how to make the necessary contacts and bring all the players together under the current and proposed ISDH structure.

Guidance on reduced standards of care (if things get that bad) & guidance on proper allocation of scarce resources in general - ie ventilators, IV supplies, etc. Most of us (hospital workers) are trained & experienced in individualized medical care where we might run out of a supply/ventilator... for a few hrs... till someone picks up a box or a rental from next city & are unaccustomed to the MASH philosophy & the dilemma of assigning resources to where it will do the greatest good for the greatest #, & the resulting conflict in withholding resources from someone who "could have been saved" in our normal operations. "If" this is really going to happen as we keep hearing, healthcare workers need to come to grips with that issue & it won't happen till we start talking about it.

I feel there is a continued need to address the integration of county resources/county planning. Perhaps some outside direction would aid us in this process.

I know that every county is different in how, where, and who. I would like to see more from our organization (Red Cross) stepping up to the plate in time of need.

It covers it well but the involved staff did not make the effort to digest it.

Updates and reviews of the areas covered in this exercise. Post-mortem care during a pandemic; animal care and control during a pandemic; school and community event closure/self isolation and quarantine versus court-ordered or mandated isolation and quarantine; personal care--instructions to give the public on how to self-treat flu at home and non-technological home remedies.

We do not have a hospital. We have been told that the Red Cross will not be there to provide food & water. Isolation & quarantine will be difficult without these essential services.

Where will future funding and or staff be coming from...local, state, or federal?

## **Appendix D: Functional Exercise District Summaries**

### ***Overall***

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for all districts was 430/790 participants or approximately 54.4%. A numerical average for each of the questions is provided. The ranking scale was 1-5, with 5 being the highest or best score.

## Functional Exercise Evaluation Data

## Functional Exercise Overall

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 3.92 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.89 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.85 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 3.90 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 3.86 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.65 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.15 |
| Webcast Video      | 3.81 |
| Phone              | 4.09 |
| Email              | 4.31 |
| Fax                | 4.13 |
| Speaker Phone      | 4.06 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.80

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 3.97

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.67

***District 1***

May 20, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 1 was 35/82 participants or approximately 42.68%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 1 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 4.25 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 4.32 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 4.25 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 4.46 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 4.19 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 4.18 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.25 |
| Webcast Video      | 2.79 |
| Phone              | 4.36 |
| Email              | 4.67 |
| Fax                | 3.70 |
| Speaker Phone      | 4.41 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 4.00

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 4.18

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.75

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

At this point, Counties in Indiana need to realize they are either in pace with preparedness, or somewhere less prepared and formulate their plan to catch up. Designing an exercise that challenges the majority of Indiana's counties is critical. Time to roll up your sleeves and do the hard work while we are not in an emergency state.

Consider an Instant Messaging (IM) approach to the Injects. Need more bandwidth for video, we got only 1 second of video/audio out of every 15 seconds. Need to stream audio on webcast also.

No 1 or 2 scores but want to mention that mental health continues to appear to be on the fringe of activity in the local exercises but I know that within the state structure we hold a much higher place with much more involvement. I tried to convince the team the MH needs to be included with first responders and I am not really sure that they are convinced.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

Did not rate at 1 or 2, but lower number for video due to difficulty viewing. Also difficulty with getting some faxes to go through.

FAX: You already know additional fax lines are needed.

Have more fax machines at your site to receive the worksheets we needed to send in.

Need more than one fax line.

Need to deal with pre-recorded clips. Maybe email them out?

Not enough fax machines - slowed everyone down.

Poor Video Feed.

Technical problems. Webcast is a valuable tool when it works. The video was there intermittently, the audio locked so we were not able to hear media releases, injects, and other info. Listed phone numbers were difficult to get through to, lines were busy or no one answered.

The computer was tested at the LHD but not at the facility in which the FE was held.

The video would not work with the modem connection. This would seem to me to be something a Public Safety facility would have eliminated as a problem.

The webcast video would not play, so the transcripts had to be read aloud.

The webcast video would not work at all. We had to read the narrative each time.

Video connection a problem in some counties, however the LSD facilitators need to follow the instructions on equipment checks more thoroughly before the exercise. ISDH and PHSI will double their efforts to convey to LHD's the need to check at the actual site's connection and with the actual equipment intended to be used the day of the exercise. It is agreed that the information in the videos was not critical to the participation in the exercise, as scripts were provided that contained the video information.

We could not see the video at all. We were on the appropriate web but the video played poorly or not at all. Time was spent reading the scenario. The exercise would have gone smoother if the video had worked. The fax was slow. More fax lines were needed. We were constantly being asked for injects that we had already sent.

Web video was displayed but the sound was delayed. Someone did not have phone muted and we could hear that voice along with our video. Difficult to hear/understand what exactly was being said.

Webcast Video - I think you already have the answer to this one!

Webcast video did not work and we were put in the position of having to read each one from the hard copy provided. This was not effective or productive use of our time during the intensity of the exercise. This was one multi-tasking skill we should not have had to perform.

Webcast Video not working /not much PowerPoint

With as much paperwork as there was there should have been more than one fax line to send back.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

Busy Fax Line.

Fax - as explained above.

Faxes were not received at SIMS cell after they were completed at our end.

Had problems getting the volume up on one laptop. Problem solved after first video.

I had email set up but was informed that they could not get through to me. Resorted to cell phone use and ham radio operators as I did not have a multi-purpose phone line where I was. Slowed us down at times.

Streaming of Video.

The EOC was able to receive Purdue's emails, but Purdue stated that ours were never received by them.

Video Feed.

Video stuck then repeated.

Video would not work.

## **What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?**

I am relatively new in this position Infection Control at St Catherine. This seems overwhelming at this time. I believe the more I understand and learn things will fall into place.

Number of responders, number of decision makers will not be enough if illness strikes with a high m&m rate.

Communication between agencies.

Communications was identified as the major challenge. Example keeping PIO informed and PIO's keeping EOC updated on media releases. We discussed having an internal web site, using white boards and setting times for initial meetings. The drill made us aware that face to face meetings during the pandemic might not be wise.

For my department alone it would be manpower. We could have problems if staff is affected with the flu.

Getting enough volunteers.

Getting out Public Information to the LHD's that would suffice as a starting point for local message preparation. ISDH needs to release their statement of position in a timely fashion to enable the local jurisdiction to craft local messages that contain "credible" national and state information, with specific local response flavor. ISDH will work to drill this better. Working with new Risk Communications Dir. to improve next Functional.

Getting the buy in of county officials that need to be seeing/dealing with the issue as a whole. There may be more thought given to the plan by some officials after the drill. Food for thought. I feel those in attendance saw a bigger picture and will go back to their own disciplines with a better understanding of their part in that bigger picture.

Having enough personnel to take care of extra patients.

I view the biggest challenges as: 1) having all agencies, offices, businesses, industries, etc. knowing their role and able to interface smoothly, and 2) alternate care sites operations.

Knowing who the "players" will be. In a small community we presently wear many hats and multi-task routinely. Even though duties and responsibilities are mapped out, in any disaster you never know who will be unable to respond, and what other duties you will need to perform. Pretty much need to have Plan A, B, and C to default to when one doesn't work. We are anticipating the what if's, and then what... We all agree that practice has made us stronger and better in our planning for our community. Thanks for helping us in this process.

Lack of resources in the jurisdiction. Because Lake County Health Department is not participating in any preparedness activities or planning, planning for SNS asset delivery/receipt, storage, etc. is a

challenge.

Media Control / Public vision of impending doom/Keeping medical first and their families' safe so they can do their job.

More volunteers will be needed than have so far signed up. Keeping up with current guidelines that will be used at the time a pandemic hits (i.e. priority groups etc.).

Removal and storage of bodies. Keeping order.

Replacement of affected staff; faltering economy limiting access to food and other essential items; possible food riots and home invasions with limited police/security personnel to respond.

Since we are in a rural community, receiving supplies is always a worry. If for some reason power is lost, communicating with the farming and rural housing sub-divisions will be problematic. Having enough food, water and routine medications could be a challenge. Also, the county next to us has no plan or anyone to implement any type of plan. Those citizens are accustomed to receiving healthcare from our area. This will put an undue burden on the resources of Jasper County.

The situation of having a city health department within the county framework appears to be problematic from the beginning. The city would function within its own area but with little support for or from the county.

Volunteers.

We are a small, rural county with really no extra employees that could serve as our "back-up" if there were to be a pandemic. We'll do the best with what we have to work with.

We are considering the alternative supply chain to the end-user needing antivirals.

We will never have enough responders or management staff to respond to a pandemic.

The issue of voluntary quarantine came up, and how to communicate with those who are at home caring for their family members. Also, how will these people be provided for, i.e. food, water, medications, etc.

Operating a Alternative Care Site.....who is responsible, how will it be supplied with supplies, personnel etc.

Have a better plan for Lake County. We are willing to help in any way but can only do so much when the state controlled the amount of meds being dropped.

Home Care/mass care. More attention to pre-pandemic public preparedness education correlated to "home care".

I think we should work a little more on the SNS pack, opening, what is in it, how to distribute the "stuff", etc. To get inoculation sites established. Not really clear on what is involved with that whole process.

Involvement of more of the disciplines that would have an active role in pandemic response/recovery.

## What other suggestions do you have for improving this functional exercise?

Some clarity regarding exactly which items needed to be returned or if you were asking for extra things when you were asking us to return injects that were labeled as not needing to be returned. Also, if you wanted both the English and Spanish versions of the PIO that should have been stated. Our understanding was that you only wanted the Spanish version as a test of our ability to convert messages to Spanish. If you needed both to check our translation then that should have been stated.

I thought it went very well!

Good job!!

I feel this exercise could have all been done in a shorter amount of time.

I thought the worksheets gave the opportunity to express ideas then record resolutions, keep them. Provide increased technical assistance.

Job well done, especially for 1st District FE you did.

Just let everyone know they cannot use a modem connection.

Little less paperwork: o)

No suggestions.

Other than the webcast it was great. Maybe be a little bit clearer on what you wanted on the first injects to counties (pre-exercise). Take into account that size of county will make their plans very different - be equally as effective.

Purdue's PHSI did a good job. The problem is many LHDs have not yet completed the Pandemic Influenza Countermeasure elements of their plans. So this has helped refine issues but with a TTX and FE within only weeks of receiving the ISDH guidance on what should be in the Plan Element we are not really testing the plan.

Speed of injects was excellent, and necessary to create an environment of out of your "comfort zone" for participants. In the real world there is no control of the "game speed" and it is time exercise participants realize this.

Suggest PIO's from key organizations are present at the drill. We had four. Thus the drill was an excellent opportunity for the PIO's to work together. Great idea to require information in Spanish. How about the deaf?

The injects were coming very quickly at one point. Slow those down a bit.

This was a great exercise. It allowed us to see that all of the efforts we have expended so far have been worthwhile. It allowed us to go beyond the immediate needs and let us contemplate the best way to use our resources in a long term situation. The team worked well together and this was good to know.

At this time we haven't received any information about the functional exercise besides the date. No time, location or any other information has been given.

Chemical Disaster training.

Joint Information System (JIS) due to our location with the Chicago media market our interfaces with the Chicago Department of Public Health will be critical in getting the message out via the electronic (TV & Radio) and print media.

Need to know more about the exercise, so it can be determined what players NEED to participate.  
Need to know if this will only be a small snapshot piece of the event or a flow type exercise.

Radiological Detonation in a major city.

Yes. By the next functional exercise, mandate that LAKE COUNTY have in place essential personnel who can provide answers to the local entities concerning accessing needed medication and resolving issues of distribution!!!

Sharing of what other counties are planning was the most helpful to me. I can take these suggestions back to our own planning and incorporate the suggestions into how we should be thinking.

Taping of conference.

## ***District 2***

June 12, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 2 was 44/79 participants or approximately 55.70%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 2 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 3.85 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.85 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.76 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 3.89 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 3.82 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.61 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 3.67 |
| Webcast Video      | 3.17 |
| Phone              | 3.97 |
| Email              | 3.97 |
| Fax                | 3.94 |
| Speaker Phone      | 3.97 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.60

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 3.76

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.26

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

Because of computer link up problems we were unable to really get into this exercise for about an hour after the exercise started. By that time we were about 15 FEI's behind! The group pulled together and broke up into groups to complete the FEI's. That being the case not everyone knows what the other groups put onto their worksheets and because it was so hectic to get the worksheets done I don't feel we could be as detailed as what might have been expected of us. Fortunately we did complete the task on time! I believe that people left being somewhat confused. Will they return for ANOTHER exercise after giving up four hours of their work time for this? The FEI's came way too quickly and way too many of them. I feel it needs to be broken down into smaller chunks so those in attendance can understand everyone's role in this planning. As an employee of the LHD I felt it made us look disorganized and incompetent. Having said that though, I feel that we gained more confidence in our abilities to handle a pandemic in a smooth and confident manner. We do need to continue these exercises not only for current employees but for those who might have to replace us in the future.

I did not get to listen in on the actual discussions. I was the message coordinator and I was running between offices getting emails and faxing, so I cannot rate the questions.

I simply feel that better instruction and guidance needs to be given to the local facilitator of the drill. We had technology problems and were missing the initial worksheets. Overall, I felt the drill was unsuccessful.

I think our EMA director had done a good job in leading the group and had explained things well. The lack of participation from other agencies was disappointing. Again our EMA director was very knowledgeable on with the EOC and DOC but it takes a team. We at a county level need the buy in from other agencies.

Marshall County does not have established PIOs. Volunteers and specific people have been asked with no response. Someone from the school stepped up and it was a collective effort to write the news release.

Only 1 person attended from our health center.

The attendance for the meeting was low and the community leaders who would be in those roles in a real disaster were unable or did not attend. Those who did attend filled the roles needed but those individuals will not be making any of the decisions.

The hospital did not get any information regarding the scenario until after the event. We were only told that the pandemic was present in our community.

The primary issue with the whole FE for Marshall County from my standpoint (as noted above), is that there was absolutely no representation from any of the county emergency response services and no observation of the event by any elected officials- All of whom will undoubtedly look to be 'in charge' at the moment of crisis. I am not completely sure of the registration of our participants, but of the few who were there, I know for sure that the Health Dept, EMA, hospital, and two schools were represented. There were a couple of other support staff, but I recognized them as county employees

from various admin depts. How are we to identify succession of command, information dissemination, SNS distribution, and surge capacity, among myriad other logistical issues and concerns, if the primary stakeholders will not even come to the table? Never mind that we should have had at least one representative from every school, nursing home, and funeral parlor in the county as well, all who will undoubtedly be requesting emergency services in the event of a pandemic, and who all may very likely be pressed into service in one manner or another during the pandemic response process. This exercise was an excellent early eye-opener for all of us involved that we may very well be fighting our own battles while the influx of sick (and grieving) look to county and state officials for assistance, and that our Prevention, Planning, and Preparing had better serve us well to weather the initial storm.

There is an Incident Command structure in place in our County, and it was practiced, not discussed, at this drill. The lady next to me was the Finance Section Chief according to the flow chart; she never had anything to do for the entire drill. A few people came and went as observers and did not interact (and upon reviewing the flow chart, I see one was the EOC liaison, one was a lab person). There were several people that came and went and I have no idea who they were as this format did not allow introductions. As for the second question, I believe we had a DOC/EOC structure in place already, and this drill did not "establish" it.

We had some technical issues at the start of the exercise so we missed the first several video announcements, we also did not have the inject worksheets in a timely manner to see what it was that you wanted the county to address. As a county we talked about things we should be doing while we tried to fix these problems but did not address everything that was asked.

We were not organized from the start. The website did not get put up until you were into the 6th exercise. We did not have any of the exercises until well into the session. We did not have the essential personnel there to help identify and establish many of the aspects of the exercise (not your fault). To make it more effective we need leadership to demand better participation by the agencies. We need to do a better job of organizing and promoting to key people. The exercise itself was great! It really made me think about issues that will come up. I especially liked the pace. It felt like real time events. It forced us to work fast to get the job done.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

At the beginning of this exercise we had to wait quite some time to get the first injects.

Due to technical difficulties, we were unable to participate in the first hour of the meeting via the Webcast components. Our group did a great job of starting the scenario and continuing the exercise once the e-mails arrived. The phone input was minimal and did not really provide us with the guidance we needed. The group continued completing the exercises as we had been even after the Webcast Info became available. The Webcasts were viewed but the e-mails played a bigger part in our actions by that point.

Due to technical difficulty we were unable to participate in the PowerPoint and Webcast Video (except one video). We had all of our IT people & other computer smart people trying their best to locate the problem. It was disappointing and the wait for the Webcast put us way behind with completing the inserts, so we had to hurry faster than what was planned. Not being a computer smart person, I was lost, and no help with these issues.

For us the video kept breaking up and we pretty much had to just shut it down. I tried to watch a webcast video today on my computer and it too kept breaking up. After the webcast video I had to watch a Webcast Power Point and it worked beautifully. So I am thinking we don't need to watch the people sitting at the conference table, but if you want people to be familiar with the faces of those in attendance maybe just putting their face shots on the screen and highlighting the speaker in charge of that segment instead. Speaker phone, worked OK but it could have had a bit more volume.

ISDH not available on the first 8 phone numbers listed as contacts. Only 1 phone line available in Operations Center used personal cell phones.

Many technical difficulties and when we did finally get the webcast up and running the video kept cutting out and stopping. It seemed as though the contact person from the county should have been aware that the inject worksheets would be sent by email during the exercises. But at the same time it proves the point that you need redundant forms of communications in your EOC.

My main issues were technical difficulties on my end. Possibly having the newscasts on DVD sent to the counties ahead of time may prove helpful in case there are buffering/connection issues at their sites. However, having the transcripts was wonderful.

Once our IT person found the problem we were unable to watch the video. It just stuttered along. We were able to watch the last one which came through without problem.

The technology did not serve our group very well, as the Webcast items either didn't spool up at all, they did not run completely, or the video feed looped and repeated but did not ever finish. I'm certain the technology end was well-intentioned, but it probably should have been tested at each location before going 'live'. I had wondered if the technology glitches were not 'planned' as a means of throwing us in the dark on some items, but I am afraid that it was just some bad transmission or other logistical reasons that prevented smooth dissemination of the exercise information. As a participant and not a EOC member or FE coordinator, I was not involved in the technology side of this activity, so I

am not aware if we had any technical difficulties that prevented our getting timely information, as referenced below. We did not have the best speakerphone set up, but we managed, and we did not have chat capabilities. I know we had internal email, but were not aware whether we were synced with the FE host.

We missed the first 2 videos due to technical problems. We were able to view the 3rd one without any difficulties. Did not see any Power Point at all.

We need to make sure the computer is up and ready well before the start of the program. It was not. The speaker phone was much better this time because we microphoned it and were able to hear much better. I rated the webcast and the PowerPoint low because we could not get it to work. The PowerPoint last exercise was good so if we could have seen it sooner, I am sure it would have been at the same quality.

Webcast Video and PowerPoint did not work about 95% of the time. Things were disorganized.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

A connection added to the network after the computer was setup and tested.

1 phone line, 1 computer line, so unable to access other websites or communicate by email during webcast.

As above.

But they were on my end, not Purdue's.

Comm. router box was not working properly. Missed close to an hour of the program until the problem was found and the box replaced. (See above)

Could not connect to program.

Delay of emails.

Slow.

Unable to connect to webcast, email, fax not in "EOC".

We didn't seem to get all of the injects as quickly as we should have.

## What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?

Coordinating with the health department.

Getting the right partners to the table.

- Understanding the county and state level communications - Getting more folks to become NIMS educated and compliant - Being involved with the county from a plan perspective if we are to be a host SNS site - Convincing the proper officials to get on.

1. No public official 2. Non participation of government or law enforcement agencies. 3. More local buy-in.

A big challenge will be securing enough personnel to remain functional. I feel that volunteers will be limited due to illness or caring for family and friends. If 1/2 our health department personnel are out sick, we will have only 3 people left. We were always behind getting the inserts. I'm not sure what the solution is for that.

Alternate care centers along with staffing the alternate care centers and the hospital during a pandemic.

Alternative care sites and Triage outside the ED. We have to depend on an Outside agency to erect a tent. Unsure how to address the intrem.

Consistent communication among agencies. Cooperation among agencies. We have two major towns in our county with two competing hospitals and it will be a challenge to get everyone on the same page.

Containment, Logistics and support, Key personnel becoming ill.

Coordinating agencies.

Finding the manpower (volunteers) to fill all the roles needed will be the greatest challenge. All of the areas of the plan have a definite lack of numbers when it comes to action teams. Visions of the Super Dome during Katrina come to mind. We can only assume that the community leaders (city & county), medical community (all of the community hospitals were represented), emergency agencies, and businesses in the county will respond appropriately in such a disaster. No doubt we will have their participation during an emergency but response times may be longer and actions less coordinated due to being unfamiliar with the issues. On-the-job training will be the name of the game. I'm sure all will do their best if the time does come to implement the plan.

Getting all the agencies to work together. Every time we have had an exercise, we cannot get everyone to help. The police, fire depts. county officials don't show up.

Getting groceries and prescriptions to people in their home.

Having enough people to do anything.

It's fairly overwhelming to think that as many as 30% of total population could be impacted by the flu and that would include all of the responders, suppliers, etc. All plans need to be continually fine-tuned so that we can be prepared to respond with fewer resources (including medical professionals, etc.) than would be ideal.

Not enough support people like police, medical. There will inevitably be looting and fighting break out and there are not enough law enforcement personnel to keep the peace and secure the necessary sites.

Obtaining a teamwork environment to reach a common goal.

Personnel and communication with other health entities.

Security for the hospital and communication from the county regarding the SNS.

Since we are such a small county several key people will have more than one task to complete and if any of those people get sick then we will have to dig even deeper into the infrastructure to find help.

We did not have the support of all critical individuals, such as law enforcement, elected officials, Emergency Medical Services, etc.

WE STILL DO NOT HAVE OTHER SITES TO TREAT PATIENTS DUE TO THE REIMBURSEMENT ISSUE.

While those of us who have been drilling and participating in these types of events will work well together, I think our biggest challenge is to get the rest of the people we need involved to get involved. Public officials and others agencies need to get involved.

## **What other suggestions do you have for improving this functional exercise?**

Even though we had many problems, we all chipped in and worked very well together. The amount of inject was a bit much.

Fewer injects per exercise - concentrate on several per exercise, even 5 or 10.

Have Governor Daniels and local elected officials pitch the plea for involvement in the next exercise. The more people we bring to the table, the more they will understand the complexity and enormity of the daunting task we will all face once we get the word that H-t-H cases have been documented, and the virus is traveling. Thank you to all of the concerned D2 participants who were involved in this exercise around the state, and kudos to all of you who are so very far ahead of the curve already- You make it that much easier for those of us who have plans in progress to stay on task.

I felt that Purdue and ISDH did a pretty good job and our drill actually went very well.

I would make sure key people from all agencies would be represented. That is the biggest problem in Marshall County -- getting good participation.

I would say cutting back on the scope of target capabilities involved would be helpful, especially for the smaller counties and especially since this was the first functional exercise for many people. Overall though, I was pleasantly surprised this time by the product Purdue put out. Best so far.

If this exercise could be divided into sections over a few days it will help participants see the picture and have time to digest the situation and make more connections with the each other and others who are not in attendance. More phone calls and meetings could be done outside of the training room to ask the "What If" questions. Even if attendance doesn't increase, the attendees can seek out the individuals in charge and the elected officials to get input and bring it back to the next session. The next session would be not weeks or months away - but only a day or so later. Sharing this feedback may open a lot of eyes to other weaknesses in the plan we have not yet encountered. The best solution would be to have this kind of technology presentation available when field exercises are performed. A mock EOC exercise can be run with the appropriate people and the issues discussed as they are presented in the exercise. A separate mock POD site could be set up and the technology used to create various scenarios during the set-up and operation phases. Having each individual county do this may be unrealistic, but having a traveling facility and/or training team come to each county and facilitate training and mock exercises in real-time will better prepare individuals and action teams. In tough economic times this may not be possible - might as well dream big and see what happens.

It seemed very disorganized to me but I do not really know how you meant it to be.

IT SHOULD BE MORE ORGANIZED. IT WOULD HAVE HELPED GREATLY TO HAVE HAD THESE QUESTIONS THAT WE WERE SUPPOSED TO FAX TO YOU AHEAD OF TIME, SO THAT WE COULD HAVE HAD THE ANSWERS FOR YOU. I HAVE NOT HAD MUCH INVOLVEMENT UP TO THIS POINT, AND DID NOT KNOW A LOT OF THE ANSWERS, SUCH AS OUR SURGE CAPACITY, ETC...

It was a little unorganized. It didn't seem like we knew exactly what to expect and what to do until it

was almost over. This was the first one that I have attended so please don't take the comments as 100% negative. I just need to find out what is expected of the health center in case of an event. I plan to attend more sessions as they come up. Thanks so much.

It was a well thought out, busy, 4 hours. The first hour was disorganized, but maybe in a real situation we'd have the same problem.

It was very inappropriate for the Purdue person on the speaker phone to call out and chastise our Public Health Coordinator for not being on the first conference to get certain information. If the information on the conference calls were that important, then follow-up minutes should have been sent out to all local health departments as I am sure Elkhart Co. was not the only one that was not on that first call. This is a policy that every agency follows as a professional courtesy.

It would be nice if all government agencies were involved in the exercise.

None at this time.

Please have all of the injects and worksheets sent the night before for the Leader to have ready and distribute when told to do so by the telecast. Keeping in mind this is speeded up d/t time restraints. We understand things don't go according to the plan and there are a lot of last minutes changes. However this is a learning experience and semi organization is appreciated. (Organized chaos is a disaster).

Please send package of materials in advance to Public Health Coordinator to ensure we have all materials needed to participate in exercise.

The exercise Injects were slow in being emailed to us we were sitting waiting for the next one.

There were too many scenarios for the time allotted. It was very overwhelming. With only a few people to handle them it was confusing. It might help to have everyone connect to the web cast at least 1/2 hour before it is to start that way if there are problems you can get them worked out before it actually starts.

### ***District 3***

June 18, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 3 was 59/90 participants or approximately 65.56%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 3 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 3.79 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.85 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.75 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 3.72 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 3.87 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.67 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.23 |
| Webcast Video      | 4.16 |
| Phone              | 4.08 |
| Email              | 4.29 |
| Fax                | 4.26 |
| Speaker Phone      | 4.18 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.90

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 4.03

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.66

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

The Incident Command structure was already completed prior to this exercise.

This was a great exercise unlike the tabletop exercise.

All of the above issues addressed prior to this FE.

Allen county already had ICS and DOC/EOC designations.

Assure local health depts. play in exercise.

Better preparation of the program, such as the videos, keeping up with the presentation of the program, we were behind on the program all the time because of the way it was presented by the presenter. Make the program user friendly.

Command structure has been in place. For this exercise, however and due to recent, i.e. this week, reorganizing meetings there were only four in attendance at this exercise for our hospital.

For public information- no one had enough time to assist with and understand what was being put out to the public. Our hospital staff had to either leave early or was not able to attend the meeting at all so determining surge capacity and alternate care was impossible. The exercise just pointed out what we already knew- that the issue of alternate care remains a huge issue to be tackled and one for which there are no easy answers. The exercise did a good job of validating the fact that your initial meeting and briefing of core group members is crucial for a successful operation. Many of the injects were easily tackled and may not be significant issues if members of EOC/DOC are adequately briefed and issue the same messages to the public.

From the hospital standpoint, there was a lot of down time while the Health Department participants were busy doing what they needed to do. I would like to see less down time between worksheets- I think an hour as too long.

I didn't see any evidence of backup personnel identified at the EOC where I was stationed and the exercise didn't present a scenario that highlighted that flaw.

In reality, many of the individuals represented at the joint information center yesterday will certainly be needed at their specific organizations during a prolonged disaster. The good communication / collaboration for this drill may be impacted greatly when everyone is required to work from other locations. I'm not sure who will be staffing the JIC or EOCs for the long haul.

Items noted as 1 or 2: Our portion of the exercise was not impacted or involved.

Most not applicable to PIO function.

PIO question NA since I was at the EOC. The PIOs were off site (same building as the DOC), and we did not have any contact with them during the exercise.

Since this year is the first year we have participated in this type of exercise drill, this was a valuable

tool in assessing our programs that we have developed; showing areas of weakness that need revamped and new areas for development.

The EMA is this county is not a very optimistic person, in fact the way he participated it seemed as if he was only concerned about his welfare and the welfare of the emergency personnel instead of the good for the county and working with other dept. As far as him establishing an EOC, he implied it would be virtual contact via phone email etc. rather than actual contact or discussion with people. As far as the county's existing capacity, etc., is unknown because so many participants were not there, like the hospital, law enforcement, EMS etc., so that leaves that up in the air.

The problem I saw was not all "areas" participated in this event.

THERE WAS REALLY NO ACTION IN THE EOC AND PEOPLE JUST SAT AROUND FOR ABOUT 4 HOURS.

This exercise was very well done.

Thought that due to time constraints, unable to "presentably" write up press release. Much discussion, in fact, on how to NOT scare the heck out of the general public.

You guys don't do 1 or 2.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

1) PowerPoint did not provide us with as much information as we had expected. 2) Video segments were excellent! 3) Phone line didn't seem to get used for incoming injects, only used once for us to respond to an inject (as far as I could tell) 4) FAX...well, the technology DOES work. However, with the high volume of FAXes we needed to send LOCALLY (we had a county EOC, 4 of 5 hospitals, and other community partners at different location); the FAX machine was busy transmitting those documents. The backlog made it hard for us to send so much back to the SimCell within the required time. I question the real-world amount of inbound FAX messages. I recognize that for this FE, the FAX was chosen as a communications channel under the "one-size fits all" approach.

Are you listening? PHSI doesn't do 1 or 2.

Not user friendly.

PowerPoint did not communicate useful information (other than timing until next inject) / speaker phone had way too much sidebar traffic.

The individual who was responsible for faxing was not familiar with the process and therefore duplicated efforts.

The only problem I saw was that the emails at first were going into junk mail. We had an excellent Message commander which was a very good thing in this exercise.

Video did not really add that much in my opinion.

Video from the Indiana news network the sound was poor on our end.

We had a difficult time with our fax machines. Several faxes would not go through and had to be faxed to either the SIMCell, the EOC or the hospitals multiple times. It became difficult to determine which had gone through and which had not. In the end though, we charted completed tasks on a bulletin board, made sure all fax cover sheets were accounted for and made sure all faxes had gone through.

We had problems with the video. It wasn't running all the time.

Web cast and Power point were not utilized very much.

Will comment anyway: While test emails to Message Coordinator worked, 7 or 9 Inject emails ended up in "Junk" folder and not noticed. Still, a great way to get info into the field. Our speaker phone was "tied" to a corner desk, and although those sitting on the other side of the room were invited to move to a different table, they said they were fine... just made the rest of us be quieter.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

At one point our phone service went down.

After 27 inject we started having problems connecting with the SIM Fax; we were able to finally get all injects to the SIM but it's possible you were getting an overload on the same number we were attempting to use.

Contact numbers and email very slow.

E-mail went to spam at first and were not aware they were there.

Emails didn't come through.

Emails went to 'junk' box.

I don't know exactly I didn't have much to do with technical aspect.

Injects to junk folder went unnoticed for 10 emails.

Local FAX, see above.

Not user friendly.

Please see the comments above about the fax machines.

The problem was on our end with set up. No fax or e-mail capabilities.

The whole process of faxing.

Video was difficult to hear.

We had some problems with webcast.

When accessing the phone numbers, often got voice mail and no timely return call.

## What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?

Lack of participation in the planning and implementation phases by Sullivan County officials.

I believe in the reality of an actual event there will be multiple types of communication challenges but I also believe that we will get those resolved and will find work-arounds because that is what we do every day. Some examples of the types of communication challenges we face include the back-up system we will have in place in regards to who may be gone on vacation, who might be taken ill by the disease, or other regular man-made or natural events that might cause us to be pulled away to something with a more immediate life-threatening result (HazMat Incident, tornado, etc.) Another example of communication challenges would include multiple language translation challenges as well as communicating with those who are deaf or visually-impaired. I could go on but I think these are good examples. We will also be reliant on continued supply of electricity and telecommunications options. Again, we have discussed other options but we will be limited if we lose our electrical supply, Internet, phone, etc.

Having enough people to carry out responsibilities.

1) Too few of the key personnel are genuinely knowledgeable and adept at using ICS 2) Area hospitals and EMA do not communicate well 3) Communication technologies like 800MHz radios, FAX, and phones were unreliable during the drill. The equipment worked, but the systems were not well-coordinated, accurate contact numbers were not exchanged in advance of the drill. Amateur radio served to fill the communication gaps, but area hospitals, the DHS EOC, and the County DOH do not have amateur radio equipment. All amateur radio equipment was portable and owned by the radio volunteers.

Authorities working as a team.

Back-up personnel.

Communication with other agencies. I think in a real life event it will be every agency trying to play top dog.

Communication!! Everyone from CDC, ISDH to counties and core group personnel being on the same page and being consistent and precise with information shared amongst these groups as well as the public. Also, alternate care remains a big issue as well as ethics regarding surge capacity and overload of emergency services. Staffing and even volunteers are not going to be able to provide alternate care facilities therefore; it would be most beneficial for Federal, State, and local government to focus more on how we can assist persons at home to take care of loved ones rather than establishing supportive care facilities. I think we also need to take in account research done on death and dying issues and be realistic about the facts that there will not be enough anti-virals or vaccine to begin with nor will there be enough hospital beds/ventilators and persons will die from influenza. When there is nothing more to be done than supportive care for someone whether it's life threatening or not, wouldn't people rather be surrounded by family and loved ones than in some impersonal supportive care facility? As for people who live alone and don't have family members, they don't automatically go to a hospital or nursing home for care. Unfortunately, but realistically, they care for themselves the best they can at

home.

## COMMUNICATIONS

Communications / Coordination.

Elected/appointed people don't know, won't come.

EMAs and HD differ in the approach to building a comprehensive plan for a pandemic response. EMAs see it as too big a challenge; I see it as a challenge to get on with. Pandemic, although I believe it will stare us in the face one day, is not reality at this time. Getting Government Leadership, Health Officers, Response leadership, business community, as well as the local population in a Preparedness Mode is our challenge. As Americans we rally to a national crisis, but we soon forget. How unfortunate.

Getting all the players to play.

Getting the other players (none LHD) involved to the level required.

Getting timely information to the residents and businesses in the county. There is a particular challenge in communicating with the Amish and Plain Church residents who can't be reached through conventional news media. The timeliness issue could work both ways, however. If there is a newscast with a disturbing message that lays the groundwork for a panic, the chances are the Plain Church populations are unaware of it, at least early on.

Lack of resources, lack of man power and security.

Lack of staff and resources during a real event.

MAINTAINING STRONG, "REAL TIME" COMMUNICATION WITH ALL PLAYERS AS SCENERIOS UNFOLD.

Making sure each person is on the same page.

Need more runners for local FAX, copying, etc.

Obtaining the same heightened sense of importance from all agencies for preparing for a bio-disaster.

Power outages, etc., and infrastructure problems happening at the same time of a pandemic....It is very important to have at least "skeleton" crews from the water departments and sewage treatment departments protected with antiviral...I sensed that this is an overlooked issue and could come back to bite us if we're not careful...

Predicting how much staff will be affected.

Relying on outside entities to follow through with their responsibilities.

Resources, manpower, security.

Security of facility. Staffing. Alternate care areas (internal and external). Management of the

deceased. Education of public.

Small size of staff. Difficulty in finding substitute volunteers.

Staff, supplies, funding to pay staff and overtime, volunteers, coordination and communication on an ongoing basis, and the fact that the event may be indefinite (burn-out). Security will also be a challenge.

Staffing / volunteers.

Staffing and setup arrangements in a timely manner.

Staffing and Security.

The biggest challenges that we would face as a health care facility is staffing and supplies.

The Powers-that-Be (elected officials) will just have to trust, believe the people on the ground who HAVE had (some) training to move quickly to avert an even more disastrous disaster. Several comments pertained to "the people, who need to be here, aren't."

The setting up of alternate care settings is not clear, due to a lack of clarification of many issues from the State.

The voluntary personnel if illness of the staff happens.

Treatment of the ill patients in an off-hospital site, such as doctor's office, clinic without compromising or excessive exposure to other patients. Further development of plan working with the Health Officer and Medical Staff is high priority.

Very limited number of personal-public officials not supporting with \$\$\$\$.

Volunteers to help.

## What other suggestions do you have for improving this functional exercise?

In your evaluation above, you don't give an NA option for the first set of questions. Since our group of PIOs was separate from other working groups in this exercise, I don't feel that I am giving an honest evaluation of those questions since we were not involved in those decisions. I do want to add that I feel we are blessed in Allen County in having Dr. X and her staff as well as our elected officials and Public Safety Leaders. I feel we work well together and have the knowledge, trust and experience among these groups to resolve the issues as best we can given the resources will have available.

The exercise was good, but rather lengthy. Participants from other agencies burned out after awhile.

As an observer the Health Dept. seemed to be co-coordinated & worksheets helpful. At times Purdue seemed to move on before the county was completed with the task at hand.

1) To the extent possible, move away from the "one-size fits all" model. 2) Follow HSEEP -- planning process for this FE should have involved us at least 12 months ago. The pseudo-HSEEP guidance provided for this FE was much better than the non-HSEEP junk sent for the TTX. I applaud you for the progress toward HSEEP compliance for this FE. I hope you're developing your own AAR/IP for the FE's across the state. We'd love to see YOUR AAR/IP available on the ISDH AAR portal!

Drag out the toys and play. I'm tired of table top exercises.

EXPAND TO INCLUDE A FIRE SCENERIO.

Hopefully I can get all of the handout and videos from my LHD and repeat this exercise internally when there can be more hospital participants.

I thought the exercise was great!! It was fast-paced and kept us on our toes. It presented enough scenarios that kept us conscious of all the "what ifs" that we hadn't thought about. Great job!!!!

I would recommend adding the time of day to each of the inserts. This could have a real impact - especially on the communications side of the exercise. If insert 20 - the video announcing the first US case of influenza identified in Chicago - came out in the middle of the night, PIOs would have more time to respond than if the same newscast ran on the 6:00 p.m. news when many more people are watching TV. The latter time would require a much more "nimble" response.

It was really good!

Make the program more user friendly.

Possibly more injects involving shortages of antivirals and the arrival of some vaccine.

Purdue and the Institute have improved presentations with experience. You're doing just fine...

Schedule it at a time other than lunch, it was a distraction we didn't need. The electronic bugs should be worked out prior to all players being present. Agencies were present that didn't need to be, more target audience info needed prior to event planning. Faxing info in took considerable time; perhaps

documents could be scanned and sent via e-mail.

Test run mass messages or pre-brief on the "junk" folder possibility...

The drill was a good example has to have adequate staff to fulfill the needed activities.

The length of time it took to complete the drill. The health department may have been busy, but there was a lot of downtime on the hospital side. We didn't leave because we were not sure when we might be called on. More activity for hospitals would have been more productive in the amount of time that we had.

We could have used more time on some of the Injects, especially since we were new to this type of drill.

Went well.

You're doing a great job; always have. This may be my last event with PHSI due to changes in grants et al. My thanks to all the crew. May you always keep the products you create moving into the hands of the responders that need them. Be well; be safe.

***District 4***

June 26, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 4 was 30/54 participants or approximately 56%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 4 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 4.30 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 4.30 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 4.04 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 4.21 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 4.19 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.93 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.34 |
| Webcast Video      | 4.24 |
| Phone              | 3.76 |
| Email              | 4.34 |
| Fax                | 3.90 |
| Speaker Phone      | 3.97 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 4.00

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 4.10

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.97

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

Realize the exercise was for the Health Departments, but as a participant (hospital) we were basically excluded from the exercise. Asked only how many doses of anti-viral we would need. No reference to our capability for surge bed capacity or possible set up of offsite. For most of the exercise we simply sat by and watched the video and followed our plan noting how we would implement it and who are back up IC staff was etc.

I was not in attendance due to being called out for weather monitoring.

The plan is well organized. The people, for the most part, know their roles. The exercise seemed real. Someone should have taken the team's blood pressure as I am sure it was high. Cooperation among team players was commendable.

We did not have enough personal on hand to cover a good incident command center. I was very disappointed that several agencies did not attend. It was almost not worth our time due to the lack of attendance.

We were allowed to participate from our own offices, but the drill was directed at the health departments. So we watched and listened for 4 hours and was only asked 2 questions. One about the number of patients we were seeing and one about the number of doses we would need. We had no information on how to base the number of patients we were seeing at that particular stage (which was early on in the scenario) so we guessed. The only information we received from the health department was during injection 19 stating that public facilities were being closed and public gatherings were not allowed. We had no idea what the health department was going through during the exercise, and i don't think it was their fault. I think if we were allowed to participate from our own facilities, then we should have had some written information about what we were to expect. Maybe we should have received and inject that stated we are \_\_\_\_% above capacity and had us call the health department for assistance with an alternate care site. I feel that we did not gain very much out of this at all as far as working with the health department, however we gained a better understanding of our own procedures and what we did not address in them. If i had known we were going to sit for 4 hours and not know the whole story of what was going on with this scenario, i would have participated at the health department.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

We had some line problems with so much faxing coming in that it was slow and delayed. The best method was emailing or phoning.

We did not receive any faxes or phone calls.

Lack of communication, could not communicate through the phone, had to communicate with walkie talkies, need more phone lines.

It appeared we did not have the right room or technical support for the exercise.

IT IS NOT YOUR FAULT, BUT SOME PEOPLE DID NOT MUTE AND IT MADE IT DIFFICULT TO HEAR. I THINK IT WOULD BE NICE TO HAVE A BULLET OF WHAT THE HEALTH DEPARTMENTS WERE GOING THROUGH SHOW UP ON THE SCREEN. WE NEVER RECEIVED A FAX. AFTER THE EVENT WAS OVER, I FOUND OUT THAT OUR HEALTH DEPARTMENT NEEDED INFO FROM US.

It was difficult to hear the speaker at times.

Lack of communication - had to use walkie talkie - need more phone lines in the conference room.

We were not able to hear the videos by Webcast. The sound cut in and out during the video.

We were unable to mute our speakerphones.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

Phone volume & download of webcast.

So many e-mails that the message coordinator's computer froze. Those at remote locations were not in the loop.

Slow internet connection.

See above phone issue.

Power point feed would not work all the time.

Phone has a lot of background noise.

Not enough phone in command center, fax located some distance from command center, ran out of ink in fax, message coordinator, computer crashed during exercise.

NON MUTED PHONES OF OTHER PARTICIPANTS.

No email.

Lack of communications-could only communicate with other staff through walkie talkies, fax line was busy several times.

IT problems on our end.

Issues with our fax machine.

I could not get on the webcast on my computer therefore I reported to the Health Dept. in order to participate.

Health coordinator can explain.

Faxing.

Fax busy - need more phone lines.

Fax and computer didn't work but were replaced prior to starting.

E-mail not set up.

E-mail.

Could not mute the speaker phones used and delay in faxing the injects in a timely manner.

**What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?**

Departments not following NIMS guidelines.

Communications.

Communications.

I think the biggest challenge is making sure everyone is aware of what things are being done when they get done. You have many sub groups within the larger group that works on their area, but it is making everyone aware of what is being done and completed.

A number of key people were out of town. This mimicked a real world situation. As a backup I need to be more prepared to fill in where needed even if I am stuck at work.

Communication.

Communication is key and not always able to happen efficiently.

Communication...and knowing what the "latest" updates are... Also, if no one challenges or practices this plan and has ongoing training, the process may "fall apart".

Develop a comprehensive plan to provide for the on-going operations of our organization in the event of an outbreak of pandemic flu.

Due to limited participants, we all had to do at least two to three jobs at times. In an emergency, this perhaps would be experienced by all involved in ICS. This did not keep us from implementing our influenza pandemic plans. We found we collaborated frequently on various decisions throughout the Functional Event exercise. This was very beneficial to the various disciplines interaction and involvement.

Educating stakeholders that have not participated in exercises on policy and procedure to follow. Communications coordination between agencies.

ESTABLISHING ALTERNATE CARE SITES.

Getting all officials together at once to train, limited number of people to cover all the needed work positions.

Getting personnel, having personnel follow the plan.

Having enough time to implement/initiate all parties involved will be a challenge.

I think our bi-counties' biggest problem would be med-surge capacity, as our local hospital is small.

I understand the radios between the hospital and the health dept. were programmed on different

frequencies; therefore the health dept. was unable to communicate with the health dept. this way. Sometimes fax machines did not work or emails did not get responded to in a timely fashion, thus it could be challenging if telephone circuits are all busy in a real emergency. I think communication between the different organizations could be an issue in a real emergency. I think with a limited supply of anti-virals, we will have dispensing issues; we will have to consider patient populations at the clinics in order to divide up the supplies.

Making other entities aware of what the plan is since there were such few attending.

Our biggest challenge is getting everyone involved as without every entity assistance this cannot be accomplished.

Personnel -- Who will be available??? --have they had the proper training to do the jobs that we need them to do ---how do we communicate with them --we may not want to bring all into a DOC although that would improve communications.

Staffing / communications / limited county resources.

The biggest challenge would be to educate the public.

There were very few participants. The organizational 'leader' seemed confused. Since there were so few participants, inserts were given to people who were not knowledgeable of the content (clinical questions given to law enforcement etc.). The 'leader' just wanted some kind of answer so it could be sent back. The phone and internet connection did not work most of the time. Some participants just left because of frustration and a seeming waste of time. It did seem to be about two hours longer than needed. For some of the people there, this is their only job. For most, this is in addition to their regular work. This was the second meeting in less than ten days and it lasted for four and a half hours. Many are thinking in terms of H5 N1 that has killed less than 400 people in four years.....world wide.....It's really hard to get folks excited about something that has an impact that "small". Really, more people have died from mosquito bites.

Time will be a big factor in pulling everything together when this does happen.

## What other suggestions do you have for improving this functional exercise?

I was very pleased with the response and preparedness of our Health Department Staff and our volunteers. I felt this exercise gave us experience and helped our county be better prepared for a pandemic.

We didn't receive much information on this exercise. As a matter of fact, I knew nothing about this until we were called to a meeting 1 week prior to the exercise. Also, I feel that all health departments should have personnel participating in this exercise. Since this is a health related event, they should be in charge of the event.

These exercises are very helpful and I hope we can continue to have them.

The group in our office thought the exercise went quite well.

PRACTICE, PRACTICE, PRACTICE. If the counties do not practice and refine this plan or if the personnel change dramatically and the plan sets on a shelf, chaos might exist in a real pandemic. Someone has to be ready to coordinate who has already been familiar with the planning. This felt real...and it worked this day!

None at this time.

More volunteers and training.

Make them mandated at least yearly.

Is it possible to get copies of each exercise for de-briefing and review?

Include how to handle increased deaths so we can involve coroner and funeral directors--these positions have not been included too much in the previous exercises. Also include mental health issues.

If the county has major factions at separate locations, the communications through the message coord. needs to be established at those locations -- more than 1 M.C.

Clearer and more input prior to the exercise.

????????????????????????????????

The Functional Event was a very good exercise for us in Cass County. Those participants commented that they were satisfied to be interacting with the various scenario worksheets drawing from their knowledge of an emergency - -Pandemic Influenza alert.

## ***District 5***

June 24, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 5 was 38/68 participants or approximately 56%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 5 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 3.86 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.66 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.66 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 3.63 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 3.67 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.32 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 3.91 |
| Webcast Video      | 4.09 |
| Phone              | 4.11 |
| Email              | 4.23 |
| Fax                | 3.97 |
| Speaker Phone      | 3.91 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.37

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 3.91

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.26

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

We didn't participate in this drill. We answered the emails that was sent to us is all.

#1 I was not located in the EOC I was stationed in a DOC; therefore, my evaluation may not be a true representation of all county agencies. For example, we did not have anyone in our DOC representing the hospitals. I see now I should have relied more on my WebEOC to evaluate medical surge capacity.

For some reason, we were notified that it started at 1pm instead of noon so we came in 1 hour late. We were not able to display the PowerPoint or the inserts on the projector. They were only available to the administrator and couldn't be viewed on the screen so she had to keep reading them out loud. Therefore, there is a very low rating of the webcast PowerPoint because we couldn't project it. The webcast video was excellent. The remaining forms of communication were fine. Many of the questions were confusing. In one instance, it discussed who has the authority to "credential" licensed health care practitioners which made it sound like it was referring to hospital based credentialing, but it was during the process of allocating and distributing prophylactic medications. We didn't know what area it should address. Several of the questions didn't seem to apply to us or didn't make sense when we interpreted them based upon the point in the exercise we were at. There are other areas that our County has not reached a consensus on such as location of overflow triage area (except for the hospital itself).

Hospitals still won't acknowledge, or don't understand their responsibilities as regards to alternate care sites. ISDH has failed to adequately coordinate this issue.

ICS already developed and in place. Already have excellent PIOs and they function on a day to day basis.

Needs to be longer to allow for at least one exchange of leadership on all levels. Also feedback needs to be provided to ALL participants. I participated in the March Table top exercise and have yet to receive any feedback or plans for improvement.

No access to LTAC's or ECF's. No accurate way to get real surge numbers. All numbers based on current capacity, hours, staffing paradigms, etc.

Our county Health Department doesn't seem to be taking the lead like I feel they should.

There was no interaction with the Community Health Centers.

These items are included in existing plans, so the exercise didn't really expose any issues.

Very irrelevant to the situation.

We didn't think we needed to open an EOC, but we did communicate and assist each other's agencies.

We would not likely activate the county EOC until the pandemic outbreak impacted day to day governmental, public safety, and public health functions.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

Need more than one fax number to allow for multiple faxes to be received or setup an alternate source of submission such as via e-mail attachment.

We really needed 2 computers going to receive injects as well to respond to them in a timely fashion.

We could hear the people at Purdue just fine. During the hot wash we had trouble hearing some of the other counties.

They are explained above.

More time for discussion for the e-mails.

Faxes are slow, easily lost, hard to read, not private at all, antiquated, dependent on outside intervention if they fail....etc etc etc.

Fax number not valid, too much interference.

Actually the improvement needs to be on our end. We are going to purchase some external speakers for our conference phone.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

For some reason when they tried to call the phone number I had listed it did not come to my phone. I believe that was the only glitch we had.

Morgan Co had local questions, the discussion of which was broadcast to all as we tried to concentrate on urgent tasks.

Inability to display PowerPoint.

Faxes would not go through.

Fax number did not work.

Fax.

Background noise.

**What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?**

At this point probably getting enough help. This may change when the new dispatch center is completed.

Thorough training of volunteers.

The ability of the hospitals (two in this county) to handle the volume of potential and real patients. Given the breath of such a situation, diversion will not be an option. The ability to communicate quickly and effectively with the public on education, roles, locations and expectations. The other great unknown is the response of those who serve it is easy to say I will be there, but reality may be different. One other major hurdle will be getting past the perception the "operations as usual" will exist, the reality will be chaos, and the challenge will be to manage the chaos along with the disease.

Resources, people, supplies, transportation, goods and services.

Resources for long term need. (2nd wave, etc, etc.)

Planning and implementing.

People, Communication, Agency response (coordinating different disciplines to work as team).

People to help, due to small health department and what is to happen at a alternative care facility. If hospitals are to capacity, where would the help/medical equipment...come from to run another facility??

Our plan is a work in progress. I am pleased that our two hospitals and other agencies were at the table; however, one challenge we are facing is finalizing our alternative care sites. Another challenge is financing/staffing those sites.

Lots of hospitals and other players.

Lack of surge capacity, lack of sustainable EMS and medical supply resources, lack of EMS responders and apparatus to handle call volume.

Lack of communication between agencies and the public. How much do we tell the public, and when?

Having the people available to implement the plan with so many getting sick.

Having appropriately trained back-up people to replace those that will be ill on our team. Knowing what to tell people to do when they are running out of food, and the pandemic is still going on.

Getting the correct information out to the public and controlling what information the media gives out (making sure it's accurate and not sensationalized). Clarifying who the SNS is to be used for. No one mentioned if we had already prophylaxis. The first responders or not.

From my perspective... deciding how the fire departments will respond to the high call volume and

treat patients without transporting.

Enough staff to take care of the worried well.

Educating the public is our greatest challenge. Helping people understand the importance of social distancing, isolation, quarantine and effective hygiene will be the most important task.

Coordination.

Coordinating information, authorities, and leadership across multiple venues of care.

Continuity of staffing...We have staff for the initial first day or so but changes in staffing will pose challenges. Our facility is not equipped with overnight accommodations, food, dependent care, etc.

Communication between agencies.

Communication and coordination between multiple entities.

As always--inter-agency communication & coordination.

All hospitals are very concerned about security, getting alternate triage established, obtaining supplies etc. We are working on all of these areas and will have gained significant advances in the next year.

**What other suggestions do you have for improving this functional exercise?**

4 hours is too long.

Better integration with the incident command structure.

Extend the exercise beyond 24 hours. You all did a great job coordinating the exercise and all the counties/agencies.

Four hours is too long for most officials, notwithstanding the requirements of HSEEP.

Keep doing them and maybe we will become more aware of the problems.

More discussion time for each e-mail.

None.

The 'newscasts' were very well done. Listening to those words in that setting brought home the reality of the problem we face. Realizing that I could be setting here in this room with these people dealing with the actual event scared me. The exercise that eliminated several people from our team showed how thin our team is. We must identify and train more backups.

Very good.

We received couple emails from District 5 and we sent them the answers. We didn't participate in this drill.

We showed from the MESH headquarters that we can utilize area command structures and had in place at this facility three tiers of command. The work done here is of significant value and getting better daily.

We were unable to have all agencies represented because of our flood declarations--maybe next time we could postpone the FE under similar circumstances. Since we were unable to participate in the pre-exercise conf calls, we were caught off guard by the noon start time. I do believe that 3 hrs should be adequate--even for a "functional."

You need to follow up with after action review items (from the tabletop exercise of several months ago), and communicate this to the participants.

## ***District 6***

June 17, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 6 was 40/70 participants or approximately 57.14%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 6 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 3.62 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.66 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.52 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 3.93 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 3.59 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.52 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.41 |
| Webcast Video      | 3.93 |
| Phone              | 4.28 |
| Email              | 4.55 |
| Fax                | 4.28 |
| Speaker Phone      | 4.07 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.79

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 3.83

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.97

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

All communication was sent to webcast center and not openly discussed. This took entirely too much time and was not well organized. I do not think anything was accomplished.

The department needs to buy software to convert English to Chinese. Department employees need to become more familiar with acronyms that will be used. On a joint news release from multiple entities (hospital, EMA, Commissioners, etc.), why do the signatures need to be enclosed in a box? This is time consuming. Why is it necessary?

Could not identify back up personnel for DOC, didn't last that long. Could not identify any part of EOC, no participation. Unable to check ability to handle SNS because we did not move equipment or personnel. Unable to determine surge capacity, those persons unavailable.

I'm not sure but I think we had conflicting information as to whether the antivirals were to be given only to symptomatic patients or preventively. That was not made clear. When CDC guidelines indicate that it was to be given to symptomatic patients why would you include giving it preventively.

Rated first question a 2 because this item has already been identified and was not affected at all by this exercise. The next two rated 3's were also previously identified but will be modified somewhat because of exercise discussions.

Some people may not be around next year.

We have already defined our command structure and received, stored and secured an SNS shipment during a full scale county exercise in May 07. This exercise did not help us to identify the location of the command center; since it focused on a location that could accommodate all the requirements of the exercise.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

There was no voice on the video until it was almost over on at least two of the videos.

Couldn't get speaker phone loud enough for all to hear. We were working regular Health Dept. jobs, birth & death certificates, septic permits, shots for children, in two rooms and an offsite location.

I feel we need to get everyone together to talk in the same room. We are being pulled in too many directions when our facility knows it is a mock drill.

Our group could not hear the video at all. We had to read the text. Also the phone volume is not very loud on the speaker phone. This applies to other location where we have participated in webcast using a speaker phone too.

Speaker phone at our location was difficult to hear. The volume and sound quality were not good.

We never could view the webcast video.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

As identified and communicated during the exercise, we only had one machine which functioned both as a fax and a copier. It was extremely slow at both and made it difficult to keep up with.

Audio on video would not come through.

Hard to hear speaker phone.

Need separate FAX and additional printer.

Not loud enough.

Translating English to Spanish and Chinese.

When we first tried to log on we could not get on the URL that was listed for us. I called tech support 3 times and got a busy signal every time. Did not know if that was only number for help or rolled over to other lines. Then we were able to log on a few minutes later. Still do not know why we could not log on originally. Our speaker phone volume was very low throughout the exercise when Purdue was talking. Later on during the hot wash I had to turn it way back down because volume was good then.

## **What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?**

Enough staff in health department there are only 3 of us total, so made things kind of hectic yesterday trying to get things done with only 3 individuals.

Communication with the local officials (commissioners, mayors, local police....) and we may lack enough security in the event of a public display. In the event of illness of local health department personnel, backup personnel to take the place of those that are ill. Also, face-to-face contact with other stakeholders...we need to implement isolation practices and/or personal protection procedures.

Many people in this county do not read newspapers and there is not a TV station, so mass communication / will be a problem. Local billboard space has been provided and a printer will print flyers to be passed out.

Communication with other local agencies.

1. Security of our facility. 2. Maintaining medical supplies. 3. Staffing 4. Childcare for workers who are sheltered in place. 5. Managing the dead bodies.

Availability of enough people to meet minimum staffing needs. Getting the general population to be informed and to listen to what needs to be done.

Changing officials. Changing personnel in county offices. We had a person in our health department that was working on all this. He left for a new job. New Commissioners will be elected this fall in many counties. How will they be brought up to speed?

Communicating and coordinating with other county agencies.

Communications is always a difficult barrier.

Crisis Leadership.

Department of Health should take lead and I question if they have the resources to accomplish.

Having enough people take drills serious enough to help us find out our faults and failures. Three or four people trying to handle an entire county is impossible.

I feel that the community can achieve our goals in working together. I think we need to have a guide line from the district to say who will do what. We talk about a lot of things, but we need to have a set starting point.

Knowing who will be available (who will be too sick to participate) to fulfill the responsibilities and duties of each tier of the command structure. Will those well enough to work have enough experience/knowledge to do the job. Finding and staffing alternate care sites.

Lack of people to work during a Pandemic.

Need to have more numbers of contacts for key people and the backup people. Volunteers- do we need to have work numbers or make sure we have cell phone numbers?

Needing more volunteers.

Not having a full time Public Health Coordinator who has the full time job of keeping this county prepared.

Our biggest plan shortcoming is the lack of rostered, trained, volunteers to help with Prophylaxis, knowing we will not be able to call on other counties for support. We anticipate public overreaction no matter how much PR we try to do. As the disease spreads and people try to isolate themselves without adequate supplies and medications we envision lack of volunteer support to implement anything we try to do. Trying to allocate limited medications to percentages of targeted groups with all that implies is a really ugly scenario. As public unrest builds the security issues would be enormous.

PIO, Sheriff, EMA Director.

Recruiting enough volunteers.

Staffing issues for all agencies

Staffing of back-up people could be a problem; our local health department is only staffed with 6 full time people and a Health Officer. Other agencies in the community are also small and this could be a challenge. If people are sick, then it would get challenging, that's for sure.

The biggest challenges were getting cooperation from some of the LHD staff and that there was not enough back-up people listed to cover our small staff. We would be doing too many different jobs and that would create a lot of problems in a real emergency situation.

The overwhelming magnitude of those actually ill and the worried well and the cascading events that those numbers of ill will trigger - not just in Wayne County, but regionally, statewide and nationally. We can plan for lots of contingencies but each contingency requires personnel to carry out the contingency. Where will the personnel come from? Getting stuff is not a key problem. Getting people able to carry out the needed tasks in the pandemic environment will be our major challenge.

## **What other suggestions do you have for improving this functional exercise?**

I thought it was very well put together, and everyone in Fayette got thru it just fine.

Overall, I feel the exercise was very well planned....I consider the exercise an excellent means of improving our response and an educational exercise as well. We were able to identify our strengths and weaknesses....and we learned procedures and practices that will assist us in an actual emergency.....good job!! Thank you for all your hard work to coordinate this exercise!!

Clearly, the exercise called for a county-wide triage. That is not in any plans. Who would be responsible to design, implement, staff, fund, and accept liability for county-wide triage? The exercise also called for alternate care site. There is no leadership/standard of care for setting up an alternate care site. Who would be responsible to design, implement, staff, fund, and accept liability for alternate care site?

Continue to give us this kind of challenge and give us opportunities to exercise our corrective actions.

Good exercise but need to have a better idea of who we need to involve because all supporting agencies need to still do their work. It helps to be able to tell them who we need and to what degree of involvement.

Great Job!!!!

Have more injects that relate to the Hospital.

Have us move people and equipment. For example: Have the team leader or PHC have a truck (SNS) be escorted from county line to the designated site and have to move boxes into a secure facility. We could then see if the location would be compromised and how much more security would be need for an actual event.

I felt stressed out by the fast pace of the exercise and so did some of the other staff, we got through it OK, but with limited players at the LHD we were very busy. I had other obligations such as; people coming in for adult shots, phone calls, and helping out by doing a birth certificate. With the office open and the exercise going on, I missed out on some things.

I thought it was a good exercise.

Just need to do it again so we can make improvements to our plan. Videos were good to show what may be happening in our community.

Please have time of exercise earlier in the day, so could finish by 3:00 pm.

Please suggest that each county has a separate fax and separate copier and that they be the fastest machines available. That the information officer be extremely computer savvy (perhaps a clerical person, rather than a professional) and that the person who receives the messages have one helper to fax and copy and then a third person who actually will decide who or what organization should respond to the interject and then keep track of what has been received back to the command center. TOO MANY INJECTS in such a short span of time. I realize that you wanted to simulate real life stress

and the need for quick response. Which I think we fully understand and appreciate. BUT, I felt like it was more of a race to see how many papers could be filled out, shuffled and faxed back. It did not allow any real discussion or allow us to solve problems, because the next three interjects were coming via e-mail etc.

The exercise was very good. Just a little too fast paced. It was a really good learning experience for everyone. We had some very good team players. It was hard at times because the office had to go on functioning at the same time, I'm glad most of us are cross trained and could help each other out.

The exercise was very well put together and presented.

This was definitely one of the better exercises.

Too many injects. This didn't allow for us to do anything well, just to get it done. I understand the idea was to "stress the system", but learning opportunities were lost when you were only able to throw an answer together instead of giving an inject the attention it deserved. Have a portion of the exercise where injects come quickly and decisions need to be made about where to send each task, but make these injects be simpler tasks.

We need to be together to talk over our options during the drill.

While I appreciate the surprise concept for what is going to roll out, with the limited time to respond to the injects some more up-front information about what forms and documents should be available to work with would be helpful. For example many of my documents are saved on a desktop that I usually work with and I did not have many of them saved on my laptop which I brought to the exercise. Also the technical requirements, I think, required some smaller communities to add phone lines or search for locations that had internet connections that they normally did not use. More advance notice on the technical requirements would have been helpful. I had to switch locations two days before the event because of technical problems with the original location and was lucky to find one that was available. I realize that the state is responding to CDC requirements for types of emergencies to respond to, but if I announced another exercise and told everyone that it was pan flu again, I would have a difficult time getting anyone to come. Let the communities give input as to what kind of scenario we would like to simulate. If it was still supposed to be a state or district wide event, present some viable realistic scenarios and let the community planners vote on them.

***District 7***

June 6, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 7 was 21/54 participants or approximately 38.89%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 7 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 4.13 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.88 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.75 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 4.13 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 4.06 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.88 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.53 |
| Webcast Video      | 3.80 |
| Phone              | 3.80 |
| Email              | 4.33 |
| Fax                | 4.20 |
| Speaker Phone      | 3.94 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.56

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 4.00

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.50

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

We do not have county involvement. We are the only organization taking this type of exercise and potential risk seriously. It would benefit our county (Sullivan) if this was communicated to local government by our state government. We do have good relations with Vigo county and may have to turn to them in a time of crisis should a pandemic occur.

Communication had breaks. Tasks were assigned but adequate information was not received to determine a course of action.

Very good exercise. However, the injects were sent too quickly to allow us to fully develop strategies to use in future situations.

Sometimes the questions were not clear on what we were to send back. / It was good to make us think about "What if?"

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

Speaker phones are never loud enough. Simulated news cast was excellent.

Locally we needed a better room. It was hard to see the screen.

Unable to hear clearly at times on speaker phone.

The video and audio were not in sync most of the time. I know the upload speed can contribute to this. The phone system at several stations malfunctioned. Or maybe we need cheat sheets on how to operate phones!

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

Our phone lines went down briefly but it did not have much effect on the exercise.

Fax, phone system went down.

Inadequate information received due to one reading of scenario from message coordinator.

Speaker phone not loud enough. Also we could not use our laptop to communicate with ISDH, so we had to find another one. Also when we called ISDH, we got a blank voicemail with no name and no message.

The phone I was using at the EOC would work one time and then not the next few times I tried.

Speaker phone.

**What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?**

The hospital is the only entity within our county that actively participates and plans. Our biggest challenge will be being the only ones prepared.

Getting all of the necessary people together.

The hospital is prepared to the best of our ability. The County Health Department or the EMA does not participate in any functions. The state needs to make it mandatory or make it part of an accreditation process that they participate. We are not sure what the county will or can do???? We have had meetings with commissioners & council. Nothing has changed!

County involvement at the local level.

Getting adequate help either employees or volunteers.

Finding enough people to respond. Getting the community involved in preplanning and exercises. Our hospital did not attend; neither did the coroner or funeral homes or clergy or mental health professionals. Two of our commissioners did attend, which was very helpful. Also, our key law enforcement was not able to attend. Our EMA was extremely helpful. Our resources are stretched very thin because of low-populated rural area, but we did find we are flexible with the strengths that we do possess. Also being able to pull key information in a time of crisis. Our LPHC has written excellent plans, but will we be able to pull the info we need that will help us the most, simply because of the volume of information that is included in our plans? Also, I would like to express my disappointment that the LPHC positions are being cut. I understand that we may be going to a regional system with regional reps, but still the majority of the responsibility will fall on the local public health nurses for emergency planning. This will not be effective because of existing workload. It is also not realistic to think that the LPHC position salary will be picked up by county government. Our LPHC, has done a wonderful job and with the elimination of her position, our health dept will not be able to maintain what she has built in our community.

Staffing / Flow of supplies.

Communication between workers at site.

Communication and participation from county entities (i.e. county government, county health nurse, EMS).

Our organization (American Red Cross) covers 7+ counties; therefore, our volunteer base will be stretched pretty thin.

LACK OF COUNTY PARTICIPATION AND COMMUNICATION...AS A HOSPITAL, WE ARE AS PREPARED AS POSSIBLE BUT I FEEL THE WHOLE COUNTY WILL BE EXPECTING OUR HELP.

Numbers of people and resources.

Security.

Security measures will be the most difficult.

**What other suggestions do you have for improving this functional exercise?**

I think that this was one of the best exercises thus far. The pace and scenarios were very effective. Hats off to you!

I thought that too much was presented in a short time. I did not see the value of receiving so much information and not being able to think it through and do it right. Sometimes, I felt I was wasting my time because we did not have the time to do what we needed to do. In a real life situation, we will have the time to think it out if it is a flu situation.

Some of the worksheets that were sent down were not clear or effective. They were too general or too abstract.

Good job!

Need to speak to LPHC Coordinator.

I thought it was a great exercise. The pace was rather intense at times, but in a "real" situation, we won't have much time to come up with solutions, either, so it was a good practice session.

In the past, communication between entities was face to face, sharing info and asking for suggestions on specific scenarios. This was better than sharing info via computers. A little of both may be the answer.

I THOUGHT THIS WAS ONE OF THE BEST EXERCISES WE HAVE HAD TO THIS POINT. KEEP UP THE GOOD WORK.

***District 8***

May 28, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 8 was 15/47 participants or approximately 31.91%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 8 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 4.40 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 4.10 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 4.20 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 4.20 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 4.40 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.80 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.30 |
| Webcast Video      | 3.90 |
| Phone              | 4.40 |
| Email              | 4.10 |
| Fax                | 3.90 |
| Speaker Phone      | 4.60 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 4.20

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 4.20

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.60

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

Our County PIO was not in attendance. We did the best we could utilizing the Health Department staff and the EMA Director. We do not have a County Hospital so we are working with Monroe & Bartholomew Hospitals. I came away with several "to do's" from the exercise.

We have either already established many of these objectives or, as with the final one, we have little surge capacity and no identifiable alternate means of providing care because we lack a hospital or medical clinic and cannot count on having that need supplied by our surrounding counties during the anticipated acute pandemic crisis. If our primary care physicians fall ill, which they may since they are relatively young men and will have a high rate of exposure to the virus, we have few replacements. In some states, I would be allowed to prescribe psychotropic Rx's (PhD Psychologist with a MS in psychopharmacology), we have RNs (in addition to a few APNs) and RPharms who definitely know their general medicine and may constitute the only real potential resource we have.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

Not clear unable to hear it at times.

The fax appeared less effective than I would have guessed (I work with faxes professionally and have found them useful), perhaps because there were too many and they were asking for too much detailed information. If we had been allowed to Check-Off (Box) that a certain issue had been resolved and a complete list will be provided later, if requested, we might have been able to keep on top of things. We did not assign someone to monitor the e-mails separately and, with the crunch of fax work requests, e-mails were not read. The person in charge did not delegate (it was her e-mail account) and was overwhelmed. There were too few videos. They could have provided a sense of the tension of the growing disaster, and some relief from the drudgery/boredom of fax forms for those who had the sole responsibility or none for their completion. The final video was almost insultingly politically correct.

Trying to compress events that may take days or weeks into minutes to simulate a Pandemic can be a great challenge. Since we were all involved with working on worksheets it was hard to monitor e-mails.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

Speaker phone.

Video reception.

Video stuck then repeated.

**What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?**

Lack of resources, such as PPE, antivirals, hospital, and lack of adequate, effective communication to keep people updated. And, other departments not being prepared.

Large problem is getting Law Enforcement, Fire Dept, and elected officials to attend these table top exercises.

Limited number of staff and volunteers available. Dispensing - first responders will want medicine for them and their families before they will respond; the worried well will create panic; limited number of resources. Too many people wanting to be in charge from too many agencies will cause problems.

Replacement of affected staff; faltering economy limiting access to food and other essential items; possible food riots and home invasions with limited police/security personnel to respond.

The lack of a full time PHC after August.

The potential magnitude and horror of the disaster is beyond comprehension. "Whatever can go wrong, will" will be an exceedingly optimistic take on what will happen, under the circumstances. There are too few people who understand that and way, way too many people with their heads stuck in the sand or somewhere else. Perhaps by the end of the first wave, after 100 million deaths, people will start to take the Pan Flu seriously. Actually, that's not a bad idea. Maybe we can't predict when, stop or be all that well prepared for the first wave. We get taken by surprise by one predictable disaster after another. We might be better advised to survive the first wave as best as our sorry attempts to prepare will allow, and then get going to really survive the second and third, or how many more it takes.

We are a County without a Hospital and few resources. In addition, most of our Volunteers are also First Responders. As a County we have really no good way of providing direct care to the ill.

**What other suggestions do you have for improving this functional exercise?**

Good job!!

I broke my arm and could not attend.

If there were some way of providing an audible alert when e-mails arrive.

More videos for "news scenes" to build tension and break the boredom, fewer fax forms with Check-off boxes for things that have been accomplished to avoid bogging down on (so very bureaucratic) forms completion, mandatory delegation or responsibilities, follow-up training for the inter-wave intervals. For agency identification and specification of who was attending/is responding, allow a Main choice (Volunteer Organization for me) and Secondary's (Mental Health and Other "Lions Club").

Some of the questions and scenario injects were very vague. During an actual emergency, assumptions cannot be made. Exact information must be given to assure the best and fastest response. Also, ISDH needs an actual spokesperson and to be better organized. I doubt Purdue can answer questions for them in a real event.

Use fewer injects. Send them out sooner, I personally was out of the office most of the day before and did not have time to even look at them prior to the exercise start. It would be helpful to separate the ones that needed to be returned and those that were intended for our own benefit. I do understand your reasoning why they weren't sent out sooner.

***District 9***

June 10, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 9 was 54/88 participants or approximately 61.36%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 9 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 3.76 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.78 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.82 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 3.62 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 3.67 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.61 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.13 |
| Webcast Video      | 3.61 |
| Phone              | 3.96 |
| Email              | 4.36 |
| Fax                | 4.30 |
| Speaker Phone      | 4.15 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.83

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 4.13

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.78

**To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.**

I thought the exercise was helpful. From a hospital standpoint we have worked well with the Health Department and I believe the exercise brought to light issues that we really had not discussed. We had a smaller group than usual with the hospital, red cross representative, and health department present. I believe that stressed us a little more (ha) and realistically we could have that happen. The hospital/county still struggles with alternate care site in that being a small facility and limited professional staff; I'm not sure just how we would accomplish that.

My part of the exercise was to sit in the office and receive faxes and e-mails so I wasn't actually at the site participating.

For a functional exercise, include more play that requires communications between departments and locations instead of just "trouble shooting" at the location amongst the participants. I did find that the worksheets for the locations to work through problems were a good idea and did help the participants to walk through problems and to address key issues related with each inject.

I DID NOT RATE ANY ITEM A 1 OR 2, HOWEVER WE ARE FARTHER ADVANCED/PREPARED THAN THIS EXERCISE. WE HAVE THE PARTICIPATION FROM THE MAJORITY OF OUR VARIOUS AGENCIES WHO JUMP IN AND HELP WHEN WE NEED THEM, FROM THE HIGHWAY GARAGE WORKERS ALL THE WAY UP TO THE COUNTY COMMISSIONERS.

I thought the exercise was beneficial and provided new unthought-of issues of concern for our county's response to such a situation.

Our spot did not get the web cast to come up on the computers, only speaker phone.

The intensity of the program was important; however for an exercise the pace was overwhelming and as far as writing press releases, was unrealistic. The other problems we endured were our own fault, regarding lack of participation.

The place our training took place could not get the Webcast to come on screen, we only had speaker phone. We did have some informative discussion during it all, but with no Webcast on screen, to me, it was too confusing.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

Using all of the communication modalities was indeed - functional. Having two phones and two computers we could handle but the fax was in another office - it just meant he had to have a runner.

More videos would set the environment even better, but the videos need to be realistic.

Our training site could not bring up Webcast, only on speaker phone.

Poor video missed one of public video.

The Webcast would not come thru at our spot, we only had speaker phone. We had a lot of good discussion on the different points and the print outs that were provided helped a lot. Hopefully it will be better when the next exercise takes place. Sorry.

We couldn't hear the newscast videos at all and it was hard to hear on the speaker phone.

We have a very limited phone system throughout our county buildings; therefore our fax system is also affected.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

Could not view the video.

Did not get to watch the complete videos.

DID NOT HAVE ENOUGH PHONE LINES.

E-mail wouldn't take attachments. Video cut out after half-way (local issue I believe).

It was hard to hear the video.

No picture on computer only speaker phone.

No webcast.

Unable to connect via video.

Video cut off half-way thru.

Volume too low on webcast.

## What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?

As with any "event"...too many chiefs and not enough Indians. The problem I foresee is people working an "event" without much participation in the training exercises. Overall, and not just our county, I think that we just need to keep pounding this information in our heads. There is that saying, "if you don't use it, you lose it". So I guess the biggest challenge would be to remember everything.

Determine whether we should open an alternative care site. The volunteers used for the prophylaxis clinic will be the same volunteer pool. There is also a need to train additional command staff to run the IC in response to a public health event.

Funding.

Funding.

Getting over one person trying to make all the decisions/doing all the work--but we're getting there. Creating pre PSA's to assist the PIO in advance.

Getting the county officials and the right people interested enough to show up for exercises.

HAVING ENOUGH PEOPLE TO WORK THE CLINIC/TRIAGE SITES.

I feel that we would fair pretty well - but there is much education to be done. Not just the community but within our own ranks. All of the players need to be versed in the plan, not just have a copy. I think this exercise asked us to put to use the plan via tasks as opposed to just asking questions. We would not be as far as we are with Simeon's help/guidance and tenacity. I have a great concern with the position going away!!!

I would say our county has really came together with people from all areas joining together to make this a success-Everyone is very dedicated to making our plan work!

Lack of telephone lines/equipment.

Make sure the IC is not overwhelmed and delegates duties accordingly. Back up personnel in case first choices are not available.

My guess is that it may be difficult to get some of the volunteers needed if the flu has a high mortality rate before showing up in this country.

Not enough people showed up for the exercise.

Not having key members (elected officials; health officer; EMA director) of the community involved. Information not being shared within office. The only time we are involved in pandemic information sharing is when a deliverable is being done. Having no plan. The generator (purchased with bioterrorism money) has not been tested or even removed from the box. This was brought to our attention in 2005, but nothing came of it. Depending on the hospital for all the answers. They are the Only ones that have an actual plan. The exercise only confirmed that we don't have a plan. Shouldn't

people that have been paid to attend all these meetings and exercises have actual evidence that they were doing something?

Not qualified to comment.

Personnel getting volunteers interested in training. Volunteers work during the week and many cannot attend trainings during the week, (probably won't attend on weekend either).

Some confusion on who would be doing triage and guidelines. Not sure we have enough trained backup in case of illnesses.

Sufficient back up personnel in case the primary players are out. Priority list for limited SNS release. Delegation of IC duties to command structure.

Sufficient personnel numbers.

The ability of the Health Department and Emergency Management to effectively and cooperatively sell the message. Elected officials do not understand and therefore do not support to the extent possible.

Total jurisdictional participation and the seriousness, focus and intent of all stakeholders' concentration in accomplishing all goals & objectives.

We have trouble getting key local officials and emergency personnel to attend and participate in planning meetings.

We need more detail and redundancy in planning and documentation of plans....we need more stakeholders to participate and become part of our response efforts

**What other suggestions do you have for improving this functional exercise?**

Keep on keeping on.

This exercise was what we needed to give us an idea of what is expected in a true Pan flu incident.

Actually-I thought it was probably the most useful Exercise we've had--it was an excellent learning opportunity for all who participated. The only thing I would suggest is to have more and more frequently.

Great exercise, well organized, it made us a little better!

Have more roles playing for our Nurse's & Press.

I came in late (1230) and had to leave early (3 PM) I thought it went very well. MUCH better than the last one we had.

I have no idea on anyway to improve.

I was only there as an observer to see how this format for FE went. Therefore I did not answer the second half of the survey.

Longer time. Maybe try 8 hours versus 4.

More training for all involved, not just Public Health Preparedness Coordinators. More information shared with employees expected to help. It's hard to know what to do at a functional exercise when you haven't been included in most of the training.

No suggestions (well conducted).Clark County Health Department/Clark Memorial, their jurisdictions/disciplines involved, we outstanding; Jeffersonville/Charlestown Police participation, outstanding.

Not paying your public health coordinators to do it. I'm waiting to see how interested everyone will be when the money runs out.

Take more time. Perhaps a full day versus 4 hours.

Webcast on screen so it can be seen and followed besides speaker phone.

While lists were made of responsible parties, I'm not sure if these are (in reality) the persons who will be taking care of certain tasks. It might be best to have a list of the responsible people and have them on site.

***District 10***

May 29, 2008

Each registered Functional Exercise participant was emailed an assessment following their exercise. The assessment response rate for District 10 was 92/168 participants or approximately 54.76%. This report summarizes the responses into two parts. Part one gives a numerical average for the rankings of each question. The ranking scale was 1-5, with 5 being the highest or best score. In part two, written comments are provided verbatim.

## Functional Exercise Evaluation Data

## District 10 Functional Exercise

Mean

**For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan?  
(1=Not at all, 5=Very much)**

|   |      |
|---|------|
| Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.                                | 3.93 |
| Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic. | 3.90 |
| Identify an order of command succession (backup personnel) for local DOCs/County EOC.   | 3.99 |
| Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).                                 | 3.94 |
| Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.                      | 3.89 |
| Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.         | 3.59 |

**How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise?**

|                    |      |
|--------------------|------|
| Webcast PowerPoint | 4.23 |
| Webcast Video      | 4.01 |
| Phone              | 4.25 |
| Email              | 4.22 |
| Fax                | 4.20 |
| Speaker Phone      | 4.01 |

From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? (1=Not at all effective, 5=Very effective) 3.84

How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much) 3.94

How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident) 3.67

## To help us improve future exercises, please explain why you rated any objective item with a 1 or a 2.

We need to establish training for staff and public in different aspects of Pan Flu. What they can do to help themselves and where to go for triage. The triage areas need to be publicized and insure those areas know what is required/expected of them when an infectious large scale disease hits. Public needs to know where they can go to receive treatment.

Spencer County does not have a hospital or clinic with bed capacity and must send all patients out of the county for in-patient care. We have five physician's offices in our county and they have all agreed to dispense antiviral meds but only on an out-patient basis.

This is an item of concern due to the fact that at least 1/3 of our staff may be ill or not in to work due to family needs. Meeting community needs for prophylaxis of front line workers and defining "who" this will include. Fire, Ambulance personnel, Police, Utility worker to maintain electric and water availability. If SNS is to be utilized only for the "ILL" patients how are the frontline workers willingness to continue to participate if they don't feel "SAFE" themselves.

#1 I am already familiar with incident command structure and how it functions. Still the practice helps.

Apparently, distribution will be based on distributing supplies to/for ill persons. In the sign up form on the Purdue website or in the description of the exercise, this should have been made clear and the draft ISDH Pandemic Countermeasures Distribution Plan should have been REQUIRED reading prior to this exercise. Distribution is inadequately covered. What are the expectations of the ISDH for Local Health Depts. to ensure delivery to the proper facilities and further distribution to persons who meet the ISDH pandemic case definition? What are the ramifications to a facility who violates the distribution? This was not made clear. Would countermeasures be refused to facilities in the 2nd or 3rd wave if they did not properly distribute supplies in the first wave? This type of distribution will be added to our plan.

I did not attend the exercise; I remained in my office to handle phone calls and people who came into the office to help them.

I felt the exercise was very unorganized, not our local health department but the exercise. There were way too many modules to complete and it seemed before we could even complete one, another was popping up and I feel we were not fully putting our efforts into this because we were so rushed. I think our local HD did a great job trying to roll with the punches. I also thought there were a lot of repeat modules including the press releases. We as a county felt the situation was not quite bad enough and we got a lot of negative feedback from the state PIO that we were not calling everything a pandemic. That word in itself scares people and we strived to not scare, but inform people. I truly hope that someone within your organization looks at this and evaluates whether it was effective because I feel our county did a great job dealing with the garbage the state HD was trying to make us work through.

I like this concept of exercise. I think it is more realistic than a table top, without the movement of a full exercise. This concept encourages critical thinking, group collaboration and an increased appreciation of various activities/responsibilities of members of the group. A certain amount of pre-anxiety existed. I don't think this is necessary. This should be minimized to improve attendance and

reduce participant anxiety levels.

I thought that the entire exercise was very confusing, there did not seem to be any continuity with previous exercises nor was it very fluid. I understand that you are trying to use several different mediums to accomplish this exercise, and that it is difficult to do. However I believe that our time is very valuable and to have a four hour drill is very tough, but when you have several missteps and just all around confusion it will make it difficult to get some of those people back.

I was not present during entire exercise so I cannot comment.

IC Structure was already filled out. DOC was already established. Command Succession names were just chosen randomly, some had no formal command training, or did not meet NIMS requirements. SNS plan was already done, during drill we just referred to following the plan, which several had no idea about.

Spencer Co. doesn't have a hospital to send our residents to. We do have an agreement with our 5 area physicians to dispense any antivirals.

Spencer County does not have a hospital. We have 5 physician offices who have agreed to dispense antivirals.

The format of the exercise fell apart once all the e-mails and other communication avenues were put into use. The requested information was a part of the pandemic plan which was a good thing; however the manner in which the exercise was programmed was of little value to those of us who did not write the plan. Our LPHC simply filled in the blanks with information from the plan. There was very little discussion over how we would handle various situations. It was unfortunate that the only representatives (3 total) for the exercise were from the health department.

The Incident Command didn't seem to be structured properly.

The local health department is very small and is not large enough to handle an alternate care site. This was not identified as a function for us until very recently. The local hospital staffs feel they will have more than enough to handle at their facilities without trying to staff and supply an alternate site. Most of the medical personnel that reside in our county work in an adjacent county will be called upon to staff their facility.

The only ones in attendance were the 3 employees from the health dept. and we have heard this all before. We have a mass plan that was done a couple years ago.

There was a big question as to why we were already working to distribute the anti-virals, hence the first question asked, when there were no reported cases in the US. This was brought into play before the first case in the US. Team did not know why we were not more concerned about the prophylaxis at that point. May just want to check sequence of events.

VERY PLEASED WITH THE TEAMWORK THAT WAS SHOWN AT THE EXERCISE.

We do not have a hospital or alternate means of care.

**To help us improve future exercises, please explain why you rated any technology item with a 1 or a 2.**

At times it was hard to follow and some delays in audio. The speaker system was on in the computers as well as the speaker phone causing the voice on one to be delayed and presentation was talking over itself. Still picture when individual was talking. Also had a hard time seeing screen, area too small.

Would like a forum to have questions answered during the exercise. Need to coordinate information so that it is consistent, I believe that items/injects 14 and 26 were not as clear in the exercise today, this was addressed during the feedback at the end of the session. Need to have upper administrative areas represented during the exercises, political officials and administration at higher levels from hospitals, large clinics (Welborn) and other departments (e.g., EVSC). Does this information about the exercises get out to the elected officials, long term care facilities, media, public utilities, business leaders that would play a role in the infrastructure during such an event, American Red Cross, volunteer organizations such as the Salvation Army, and the leading veterinarians in the community?

Better Communication.

Email times vary, injects were not received in order.

FAX located on 1st floor behind security door while training took place on 2nd floor of Security Center.

I don't know that the Team knew if they could direct questions to the speakers during the discussion times, may want to make sure lines are open during those times. A functional drill is conducting processes up to the point of deployment. I think this was more of a standard tabletop. Not disagreeing that another tabletop was not warranted, just expected this to be more involved. Since probably no one has actually implemented processes specifically geared to Pan Flu in an actual event, some more specific leading questions or template would be beneficial. I believe a more specific template would enhance thoughts around specifically who and what processes need to be solidified to implement an effective program. Will we be receiving an AAR and the changes that were made to programs from this drill? That is typically what is always lacking in these large scale drills/tabletops. This lets participants know that their participation did improve the overall plan as it may not affect them directly in some cases or you may not get to the level of detail where they are included.

I had difficulty in obtaining information to set up participation in the exercise. I had to make several calls to find out how to participate. I received information on how to set up the audio/video which worked OK. However I discovered too late I was not set up on e-mail nor have the worksheets needed. I did register two weeks before the exercise began. So when I discovered I did not have worksheets, I used the opportunity to review our policy and command structure internally as best I could.

I liked the variation in mechanisms to communicate: email, TV, fax...

It was very difficult for us to hear over the speaker phone. We had two rooms, and used two separate phone lines. Would it be possible to broadcast that audio over the webcast as well? We had external speaker for the computers, but had no way of boosting the sound for the phones.

Our group sent a couple of questions asking for clarity via email and never received an answer. The

lack of response caused a little confusion and hindered our ability to make a few decisions with as much confidence as we would have liked.

Please refer to first paragraph.

Poor sound and no video. Could not follow along as directed.

The information came to us without problem, just a little too quickly.

The phone problem was on our end. Old phones that only had one volume...low.

The Web Cast video came into our location slower than the audio portion, believe this was a possible internal problem. In our section the phone and fax was not used. We were in three different areas in the EMA office.

This was a very difficult drill. At the beginning it was difficult to determine if we were to act as if the events from the video were occurring in our county or if we were to act for our county based on what was happening elsewhere. We were confused as to why we were asked to respond to a report of 17 ill individuals in Indonesia when there were not any other areas reporting. Then we jumped to one ill woman in Chicago. It didn't seem the time line was realistic. Many of the scenarios did not come at the same time as the injects so we didn't know what we needed to address. We spent a lot of time waiting for the next thing to happen. Possibly the same things could have been accomplished in a shorter time frame. I hope that the technical glitches, slow time, etc. does not deter other county agencies from attending future drills.

Too many mediums going on. If you are going to use speakerphone then you need to ensure others are muted. If you are going to use PowerPoint, ensure everyone can see it or has handouts. The combination was bad but there was nothing we could do about it.

We did not get the information and had questions that we did not know how to answer.

WE NEED MORE TRAINING LIKE THIS. BRING ALL OUR COUNTY DEPARTMENT HEADS TOGETHER TO WORK AS A GROUP.

Webcast Video-was not able to see video but in sections. We did test our computers they work fine on the test video. Fax-ISDH needed access to more faxes.

**Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?**

Delayed.

FAX.

Fax and webcast video.

Had to hook up another phone to be able to get audio after we started.

Our speaker phone was not up to the task/hard to hear.

Phone could hear others talking.

Phone volume & download delay for video.

Phone volume & download of webcast.

Questions sent out via online portal went unanswered today during the session.

Read comments above.

Some of us couldn't watch the video or the entire video before time ran out.

SPEAKERPHONE.

Video was intermittent.

We could not utilize the speakers on our phone system using three (3) phones on the same line.

We received no emails and faxes began way too late in the game for us.

## What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?

As stated above, Spencer County does not have a hospital for in-patient care. The five physicians only want to dispense antiviral meds to their own patients, if possible. Our volunteers are reluctant to participate without prophylaxis meds for themselves and their families as they are afraid they will infect their families from volunteering.

I see one of our challenges is the knowledge level of Health Dept. staff in dealing with the NIMS system. The staff has taken and completed the basic courses, but it is still something that will take practicing in these types of exercises to become more efficient and more comfortable with the system. We had great participation from other agencies and we have good communication and relationships with all of the parties who we need to rely on when and if we have this type of emergency. But it is difficult to keep all of the documentation and information up to date when everyone has other job responsibilities and duties. Something we will have to work out and try to motivate each other.

Knowing all aspects of what my job is.

Number of personnel available and needed to complete task. Med Surge. Communications.

1. Identifying those to receive inoculation. 2. Safety/security.

A lack of participation during the planning phases and exercise phases by the upper level local officials will cause problems during the real event. They may not know their roll and have expectations that may not be reality during the actual outbreak.

Adequate resources.

Again, I think our county did a great job. We have a great team together that can deal with problems that arise in our county. Where I think the problems lied was with this exercise. It was trying to do too much. It should have been fewer modules - allowing participants more time to act, think and respond effectively.

Again, this raised more questions than answers, as did the last one for region 10. There were a lot of holes around security and dissemination of SNS packs. I feel that will be our biggest challenge. I don't think our plans are specific enough to address nor do we have people and backups in place to man the EOC.

At the present time, I would say that it's complacency. Previous exercises have already gone over the information that just seems to be reloaded and presented again and again. Repetition is good to a point but I think that the key personnel are burnt-out with going to exercises that address the same issues over and over. In addition there are so many unknown variables if pandemic hits that sometimes it is difficult to "imagine" and play along with staged exercises.

Being the Law Enforcement agency rep., I hope that if it ever happens that I don't have other emergencies of priority that also need attention.

Biggest challenge I see is all staff need to be trained to better serve in roles assigned to them. Better

understanding of local plan as well.

Communication.

Communication at various level lack of sufficient medicine to battle a pandemic problem.

Communications is the biggest problem we have. We had a functional radio system for a long time, but now that we are on the state system it cannot be trusted and does not work all the time. In the event of a true emergency the system would become gridlocked and only the entities with enough power and authority would be able to use the system the rest of the users would be turned off or the radios disabled by the central control thus limit your communication abilities. We already experienced this difficulty whenever we have a weather event or a structure fire that involves multiple agencies, the system is not capable of handling the load. The radio system prior to this was in place and functioning as it should. This is probably something you heard in the past and is something he will continue to hear in the future until the problem is solved.

Confusion on SNS (Federal government required and/or restricted use), places it can be stored and protected, who should get it, how to handle people/groups or companies who think they are entitled to get it based on their job or importance. Surge capacity. Manpower and facilities seem to continue to be a problem. I think this is a problem for everyone. If pandemic is on a smaller scale (east or west coast), volunteers from other parts of the country can be used, but if widespread (nationwide) we will all be overwhelmed. There seemed to be some confusion on Triage. It seemed to me participants were making decisions based on everything being a onetime catastrophic event, then at the end of the exercise the statement was made that the "first wave" was over. On Inject 25 four persons were listed with different medical conditions. A person from one of our local medical groups said, basically "too bad, these four people would have to fend for themselves," the hospital was overwhelmed with the surge. Nothing was mentioned about preparing for more than one "wave." I don't think anyone at the exercise was thinking ahead.

Coordinating plans of multiple entities.

Coordination and buy in by agencies and organizations.

Dealing with potential illness of key personnel essential to completing the tasks.

Fear / People without any prior preparations.

Getting Elected Officials to attend trainings/exercises/planning meetings.

Getting involvement from high ranking individuals at the planning table.

Getting the corporation of the public.

Getting to know all the players

Having all agencies work together. The agencies who usually do not participate in the drills are the ones who create the difficulties during an incident.

Having all the organization on the same page, We need training and public need to be educated.

I am speaking from a law enforcement point of view only. I think our biggest challenge is going to be public panic. I think people generally severely underestimate how quickly society deteriorates when faced with widespread panic and cut off of basic services. Our agency will be severely strained if people start looting stores attempting to hoard supplies and in putting our medical staff in danger by trying to get Tamiflu that may not be available. It doesn't take much for society to quickly fall apart and people to start preying on each other. I realize that sounds negative and "doomsday" but we need to be prepared for it.

I was a tertiary person and did not get to participate in drill.

#### INVOLVEMENT OF UPPER LEVELS OF MANAGEMENT IN PLANNING BY ALL LOCAL AGENCIES.

Lack of antiviral prophylaxis for staff & volunteers will discourage workers from assisting in our efforts. County physicians are reluctant to see clients other than their established patients. / We have no hospital and will not have the ability to staff an in-patient health care facility.

Lack of communication.

Lack of personnel, lack of facilities such as hospitals and large clinics.

Manpower availability.

Need clear guidance. Communicating with all local agencies involved.

No acute care facilities in our county.

No facilities for extended stay or care in our county, which will create a further lack of facilities that will be able to assist in needful time.

#### NOT HAVING A HOSPITAL.

Once PHC is gone, county has limited understanding of the plans. Plus, officials appear to have an unrealistic expectation of State's ability to supply resources.

Organization - although in real time situations our response agencies are organized and trained in handling emergencies. Perhaps SOPs need to be updated or made aware of.

Our county has always responded to the needs of each other when a need arises. I think they will meet the needs in this situation as well. We also have a great EMA department and members of the LEPC and other agencies work together very well. So, I think we will be OK. That being said, I feel the biggest challenge we face is getting the elected officials to see the need for planning. The majority have taken the stance of "we will worry about that when it happens". They do not seem to see the need to support our efforts either financially or physically. If we can plan, drill, etc. without their input then fine, but do not ask them to support the activities in any way.

Providing the care that is needed, surge capacities, SNS distribution.

Scarce resources (staff mainly). Won't be able to maintain the public's high expectations of the healthcare system & that will create huge issues that will take staff time to address, further decreasing staff time available for patient care. If vaccine or anti-virals quantities are insufficient to meet public

DEMAND (they will be), I think we will be gridlocked with fighting over who should get it unless we have guidance from CDC or ISDH on prioritization. There seems to be an expectation of us being able to "fill the hallways" with patients & open additional alternate care sites, but don't compromise care and do it with 30% or more of our staff out ill or gone taking care of their own families. WON'T HAPPEN - Everyone (public included) needs to understand that. Hospital staffing is very tight due to decreasing reimbursement. We will obviously build as much flexibility and surge capacity into our processes as possible, but the likelihood of exhausting even the expanded resources is extremely high.

Staffing alternate care sites.

STAFFING, AND TRAINING OF STAFF.

Staffing...in a real event people will be scared and may not participate.

Structure command. Let people know and explain their role in an influenza pandemic.

Surge capacity for medical centers seems to be a real problem. We have no real plans in place for this and the local medical centers don't seem to be willing to work together. This will create a very difficult situation for patients needing medical care. Also we have several counties that rely on us for medical help because they do not have hospitals. This makes the distribution of SNS more difficult if they are designated for Vanderburgh County residents.

The lack of staffing resources for all agencies.

The organization of personnel and resources for response.

There isn't enough participation from disciplines that need to be there.

This exercise was a new experience for me. I hope that I am able to receive more training before the next exercise so that I can answer that question.

Unknown variables.

Volunteers will expect antivirals.

We need to add a section based on ill-person distribution and follow through.

## **What other suggestions do you have for improving this functional exercise?**

After the second video we received nothing until we received a fax for objective 17, at that point we were lost on what had transpired between objective 3 and 17. This was 1.5 hrs of sitting and doing nothing, and then having to rush and try to catch up once the faxes began to come through. We received no communication by email. On the positive side any exercise that you can bring the players to the table is informative and identifies gaps and shortfalls.

Some form of training on a regular basis even if it is in brief sessions.

We need to have more of this type of drill very helpful in pointing out problem areas.

I believe the exercise went well with positive suggestions for future exercises.

I felt this exercise was beneficial to our county and I thank you for the experience.

I thought it was excellent and I like it better than a table top exercise.

I was very pleased with the response and preparedness of our Health Department Staff and our volunteers. I felt this exercise gave us experience and helped our county be better prepared for a pandemic.

Inject 28 asked for list of MOA's and MOU's which we did not have at the meeting. It would be helpful to include a list of items needed for the exercise. There was a lengthy list of materials included in the website. This list was overwhelming if you were trying to read/review for the exercise. Maybe the more important items needed during the exercise could be color coded.

Injects need to be more in-depth.

It seems the Incident Commander, Logistics, Operations had lots to do. Others had no opportunity to actively participate during the 4 hour exercise. Perhaps an Inject pertaining to Safety, Administration, etc would have gotten others more involved.

It was hard for other participants to hear what the incident command staffs were discussing. So, often I just sat there unable to participate since I could not hear their discussion.

It was very well done. I really can't think of anything that would improve the exercise.

Make sure the scenario does not have conflicting information. It is difficult to respond to 17 positive cases in Indonesia and be told the Pandemic Phase is a Six.

More video presentations. Possibly 1 facilitator on site in each county.

One of the worksheets that was sent out prior to the drill had different instructions than the actual drill worksheet. Worksheet 26.

Overall, I feel this was a very good exercise. The more you can involve participants with action items to complete, the better the participants understand their roles and their abilities.

Periodically either information being presented or instructions were late for what was being discussed. I believe this was due to some lag time that happens when sending e-mail. I received an e-mail on Sat. for Inject #5 and Appendix 10. Not sure why I received either of them on Sat. after the FE.

Provide injects specifically for the various disciplines, most injects were for general command. Provide a check off document for the County Coordinator to track who received which injects, time of receipt and time of submission - so the coordinator can keep track of who has what injects and which ones have been submitted.

See comments above.

Some in our group had difficulties understanding the terminology used in the exercise (i.e. "Sim Cell", acronyms, countermeasures....). Most first responders understood. However, participants who have not worked around state or federal systems have a hard time with the terminology used during the exercise and seemed at times bewildered. Either provide definitions or clarify some words so everyone can understand.

Some of the worksheets were vague. Also the non command staff in the exercise had difficulty hearing some of the decisions made. They weren't always communicated well.

The functional exercise was very confusing. It did not follow along with policies and procedures as outlined in the County's Pan Flu Plan.

The information we are receiving be in sequence with questions.

The planners need to remember that the small counties cannot react in the way larger ones can. The local health departments have only a small work force who is responsible for the whole picture and the resources are very limited in contrast to larger departments that have multiple departments within the department.

The website was slow in downloading in two of the three rooms that we used.

This was a very useful exercise. It is very difficult to simulate this type of situation accurately and you did a very good job with the resources and time you had.

This was an excellent exercise. After 15 years at the local health department and EMA, I finally utilized the knowledge I gained from numerous trainings and meeting. I felt challenged, but not overwhelmed. We definitely worked together as a TEAM.

This was the first functional exercise I participated in and found it a better test of our abilities than a tabletop. It also addressed several aspects that are not included in our full scale mass prophylaxis exercise. We were fortunate to have a location that provided us access to all the technology needs we had.

Very clear instructions on all input items. I appreciate the functional exercise and the great effort that was put into providing this experience for the county health departments. Thank You!

We need to have a full scaled mock drill that would involve all the key personnel.

Went well. Thank you.

When the worksheets came through during the exercise it was difficult for some participants to think about the scenario timeline. Maybe consider including the timeline on each worksheet so the participants know what the current situation is when addressing each worksheet. I think a lot of people were working very far ahead of the situation presented in the scenario.

## Appendix E: TTX Online Survey

1. Which county do you represent?
2. What was the date of the TTX you attended?
  - March 6, 2008 (District 6)
  - March 17, 2008 (District 4)
  - March 20, 2008 (District 5)
  - March 26, 2008 (District 2)
  - March 28, 2008 (State)
  - April 1, 2008 (District 1)
  - April 3, 2008 (District 8)
  - April 8, 2008 (District 9)
  - April 10, 2008 (District 10)
  - April 14, 2008 (District 3)
  - April 18, 2008 (District 7)
3. Approximately how many people were in attendance at your location?
  - 10-20
  - 21-30
  - 31-40
  - 41-50
  - 51 or more
4. Which agency or function do you represent?
  - Local Health Department
  - Emergency Management Agency
  - County Hospital
  - Community Health Service
  - EMS Personnel
  - School System Representative
  - Law Enforcement
  - County Elected Official
  - Fire Department
  - Media (Management level for Radio, TV, or Print)
  - Faith Based Organization
  - County Coroner/Funeral Director
  - Volunteer Organization
  - Community Mental Health Center

- Mental Health Organization
  - Long Term Care Facility
  - Public Works
  - Business Leader
  - Veterinarian
  - Other
5. Module #1 was designed to help clarify the roles and responsibilities related to the five tasks for pandemic countermeasures (receipt, storage, security, distribution, and dispensing). To what extent did this module help you understand these roles and responsibilities? (1=Not at all, 5=Very much)
  6. For Module #1, how would you rate the quality of each of the following items? (1=Very Poor, 5=Very Good)
    - Presentation Content
    - Task Discussion
    - Facilitator-led group discussion
    - Worksheets
  7. Module #2 was designed to help clarify your county's plan for administering limited prepandemic vaccines using the CDC's guidance for allocating and targeting influenza vaccines. To what extent did this module help you clarify your county's plan? (1=Not at all, 5=Very much)
  8. For Module #2, how would you rate the quality of each of the following items? (1=Very Poor, 5=Very Good)
    - Presentation Content
    - Task Discussion
    - Facilitator-led group discussion
    - Worksheets
  9. Module #3 was designed to help clarify your county issues regarding medical surge, alternate care sites, and homecare for treating influenza populations. To what extent did this module help you clarify these issues in your county? (1=Not at all, 5=Very much)
  10. For Module #3, how would you rate the quality of each of the following items? (1=Very Poor, 5=Very Good)
    - Presentation Content
    - Task Discussion
    - Facilitator-led group discussion
    - Worksheets
  11. How would you rate your satisfaction with each of the following items? (1=Not at all satisfied, 5=Very satisfied)
    - Webcast Technology
    - Facilitators

- Program Website
  - Phone Conferences
  - Preparedness Program Overall
12. How would you rate the overall effectiveness of the combined use of webcast technology, phone conferencing, and local group interaction? (1=Not at all effective, 5=Very effective)
  13. What suggestions do you have for improving the effectiveness of the presentation delivery?
  14. What is the current status of your pandemic plan?
    - My organization is not required to have one.
    - We have not yet started our plan.
    - The plan is under development.
    - We have a completed plan.
  15. How well do you think your current plan addresses the issues covered in the TTX? (1=Not at all well, 5=Very well)
  16. How would you rate the extent to which this TTX will help improve your existing plan? (1=Not at all, 5=Very much)
  17. Are there any other comments/feedback you would like to provide about the TTX?
  18. Do you have any suggestions for topics you would like to see addressed during the upcoming functional exercises?

## Appendix F: FE Online Survey

1. Which county do you represent?
2. What was the date of the Functional Exercise you attended?
  - May 20, 2008 (District 1)
  - May 28, 2008 (District 8)
  - May 29, 2008 (District 10)
  - June 6, 2008 (District 7)
  - June 10, 2008 (District 9)
  - June 12, 2008 (District 2)
  - June 17, 2008 (District 6)
  - June 18, 2008 (District 3)
  - June 24, 2008 (District 5/State)
  - June 26, 2008 (District 4)
3. Approximately how many people were in attendance at your location?
  - 10-20
  - 21-30
  - 31-40
  - 41-50
  - 51 or more
4. Which agency or function do you represent?
  - Local Health Department
  - Emergency Management Agency
  - County Hospital
  - Community Health Service
  - EMS Personnel
  - School System Representative
  - Law Enforcement
  - County Elected Official
  - Fire Department
  - Media (Management level for Radio, TV, or Print)
  - Faith Based Organization
  - County Coroner/Funeral Director
  - Volunteer Organization
  - Community Mental Health Center

- Mental Health Organization
  - Long Term Care Facility
  - Public Works
  - Business Leader
  - Veterinarian
  - Other
5. For each of the objectives below, indicate how well the functional exercise helped you identify issues with implementing your plan (1=Not at all, 5=Very much)
- Identify an appropriate Incident Command Structure to support community's response to an influenza pandemic.
  - Establish local Department Operations Centers (DOCs)/County Emergency Operations Center (EOC) in order to respond to an influenza pandemic.
  - Identify an order of command succession (backup personnel) for local DOCs/County EOC.
  - Develop, coordinate, disseminate, and manage public information during an influenza pandemic (County PIOs).
  - Demonstrate the ability to manage SNS pandemic countermeasures including receipt, storage, security, and distribution.
  - Determine the county's existing medical surge capacity and identify alternate means of providing care for those ill with influenza.
6. To help us improve future exercises, please explain why you rated any objective item 1 or 2.
7. How would you rate the overall effectiveness of the following technologies that were used to deliver the exercise? (1=Not at all effective, 5=Very effective)
- Webcast PowerPoint
  - Webcast Video
  - Phone
  - Email
  - Fax
  - Speakerphone
8. To help us improve future exercises, please explain why you rated any technology item 1 or 2.
9. Did you have any technical problems (i.e., with phone, fax, email, chat, etc.) that impacted your ability to participate in the functional exercise?
- Yes (please explain)
  - No
10. From a "big picture" perspective, how effective was your county at implementing your existing pandemic influenza preparedness plan(s)? ( 1=Not at all effective, 5=Very effective)

11. How would you rate the extent to which this functional exercise will help improve your existing pandemic influenza preparedness plan(s)? (1=Not at all, 5=Very much)
12. How confident are you that your county can respond effectively to a real pandemic emergency? (1=Not at all confident, 5=Very confident)
13. What are the biggest challenges that you face in implementing your plan in the event of an influenza pandemic?
14. What other suggestions do you have for improving this functional exercise?